# FOR STATE

HEALTH DEPT. sctor. Page your files. TO DEPUTY PACICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deterplease executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where decess	ed livad, If in:	tilution: Residan	ca befora a	dmission
WASHINGTON	MARYLAND	e. STATE	RYLAND	b. COUNTY	WASHIN	GTON	
	NGTH OF STAY IN 16	c. CITY OR TOWN (		limifs, writa R	********		n)
	INUTES	63 HAGERS	rown				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi	ve streat address)	d. STREET ADDRESS	TREET			ON /	SIDENCE A FARM?
3. NAME OF First	Middla	Last	4. DATE	Month	Dey		NO T
(Typa or print) CARL	NMN	AKOWSKY	OF DEATH	FEBRUA		19 é	
5. SEX 6. COLOR OR RACE 7. MARRIED N	IEVER MARRIED 8	DATE OF BIRTH	9. AC	E (In yaers   IF	UNDER 1 YEAR	IF UNDER	24 HRS.
MALE WHITE WIDOWED K	DIVORCED	JUNE 13 1896		birthday) A	Aonths Days	Hours	Min.
1Da. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, aven if refired)	BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Stata			12. CITIZEN O	WHAT C	OUNTRY?
ACTOR AT CONTENTS	AGE COMPANY	POLAND			II S	5.A.	
13. FATHER'S NAME	HOE COMPANY	14. MOTHER'S MAIDEN	NAME		0.0	J . J	
UNKNOWN			NOWN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL (Yes, no, or unkown)   (Ifyasgivewarordetasofservica)	SECURITY NO. 17. I	NFORMANT	2800 87	t AVEN	יווד		
NO 214-09	0121	RL F AKOWSKY			ON D.C.		
18. CAUSE OF DEATH [Enter only one cause per lina for (	a), (b), and (c).]	/	112	E IIIII OI	INI	ERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occluse	m. Goli	None	mlene	. ast	ON	SET AND D	EATH
T DUE TO	1	The state of the s	7			1	
Conditions, if any, which \ (b) Nesemb	Buck	CIK-	man (S	1	- 4	esta	1
geve rise to immadiate cause		July and	my and	u.			
(a), steting the underlying Causa last.		1		1	(4	1	F. 4
- 10 - 00	NG TO BEATH BUT NO	T DELATED TO THE TERMIN	LAL DISSASS CON	ever		70	
CAT						PERFOR	
Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	Y INJURY OCCURED. (E	nter netura of injury in Pert	I or Pert II of itam	18.)			
20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY	OCCURRED   20e. PLAC	CE OF INJURY (Home, farm	, 20f. (City or to	wnl	(County)	11	Canad
	Whila fector work	ry, street, office bldg., etc.		wiij	(County)	(;	Stete)
21. I certify that I took charge of the remains d	escribed above, hel	d an Autopsy	Inspection ,	Inquiry	, and	in my op	inion
death resulted from: Natural causes Ac	cident, Suici	de . Homicide	, Undeter	mined man	ner 🗍		
150	1 -	CHIEF MEDICAL E	XAMIMER				
ACTUAL A COU DICK	54	M.D. ASSISTANT MEDI		2-2	6-62 DI	TE SIGI	VED
EXAMINER'S		DEPUTY MEDICAL	EXAMINER X	215 W	WASHING	GTON S	ST.
NAME (Type) E.W.DITTO JR. M. D		Addrass (Streat, c	ity, fown, or county	HAGE	RSTOWN N	ARYL.	AND
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N REMOVAL (Specify)	AME OF CEMETERY OR		22d. LOCATION	1		(State	
	. PAUL'S CE	METERY	WILSON I	ISTRIC	T MARYL	AND	
	DRESS		D BY REGISTRAR	24b. REGISTI	RAR'S SIGNATUR	RE	
SUTER-ROUZER FUNERAL HOME HA	GERSTOWN MD	DATE	1 '62	Circle	or S. Thous		
DOTAL TOWNS HOLD HA	CLICATOWN IN	I DATE			A. TUNIA	5	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m be retained by the hospital or attending physician.

TO FUNERAL IN SCIOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 should be detached for use as the burial-transit or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND 84

CERTIFICATE OF DEATH

1	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where daces:			ce before e	dmission)
	Washington		MARYLAND	e. STATE	land	b. COUNTY	Washin	rton	
	b. CITY OR TOWN (if outside corporeta limit		NGTH OF STAY IN 16	c. CITY OR TOWN		limits, write R			n)
	write RURAL end give neerest town) Hancock		Life	XHancock	Marvlar	b			
_	d. NAME OF HOSPITAL OR INSTITUTION (	f not in hospital, g		d. STREET ADDRESS	mar y Lar				SIDENCE
	Home			104 Fair	view Dr	ive			NO X
3.	NAME OF First DECEASED		Middle	Last	4. DATE OF	Month	Dey	Yeer	
	(Type or print) Eliz	abeth	Motten	Allen	DEATH	2	22	19	62
5.	SEX 6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED B	. DATE OF BIRTH			Months Deys	Hours	24 HRS.
	FB	WIDOWED X	DIVORCED 1	.14.1874	88		Months Deys	Honis	Win.
	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retire		BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cour	nty & State, or fore	ign country)	12. CITIZEN C	F WHAT C	OUNTRY?
"	Housewife	۵)		Hancock	Marvlar	nd	U.S	.A.	
13	. FATHER'S NAME	,		14. MOTHER'S MAIDEN	A				
	Not Known			Not	Known				
	. WAS DECEASED EVER IN U.S. ARMED FOR		AL SECURITY NO. 17.			Address	*		
11	es, no, or unkown) (If yes give we rordates of so	ervice)	None B	urman Alle	n Hanco	ck Md			
=	18. CAUSE OF DEATH  Enter only one	couse per ling for		1.	1	O YE THOL	IN	TERVAL BET	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	(h)	Inn	o car di	fis		Or	SET AND I	DEATH
	S9 X DUE TO	0	5	0				1111	/,
	Conditions, if eny, which (b)	Ch,	. Mits	hritis				WX	0
	geve rise to Immediate cause	-/0		1	1				
	(e), steting the underlying DUE TO		V	linele	14			11	
z	(0)	TIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE COL	NDITION GIVEN	N IN PART 1(e)	I9. WAS A	UTOPSY
18								PERFO	RMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCURED	), (Enter neture of injury in	Pert I or Pert II of	item 1B.)			
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Dey, Ye			CE OF INJURY (Home, fer		town)	(County)		(State)
MED	Hour a.m.		lot While fac	- 1 - 1	1 0	1.1.	, ,		
	21. I certify that (I) (this hospi	all attended t	he deceased from	121, 21	19660	WZ	2 196 4	that (I)	we'l last
	saw the deceased alive on	111-91	. / ~	death occured at	M. from th	e causes a			
	22e. SIGNATURE		1						. DATE
	amoun	Her	/ N			STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S NAME (Type)	VO	INTHE	22d. ADDRESS	Laure	- (1/	he	P	
_		1 1	111-1-61	X X	june,	2 4	Inc	1.	
23	Ba. BURIAL, CREMATION, 23b. DATE THE	REOF 23c.	NAME OF CEMETERY	OR -CREMINTORY	23d. LOCATIO				tete)
	Burial 2.24.	62 F	Riverview			A	shingt		le
24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	25e. RE	C'D BY REGISTRA	R 25b. REGI	STRAR'S SIGNA	TURE	
	Howard & He	ne Ho	marel	md DATEF	EB 2 7 '62	- ON	my S. Hu	us	
-9	V .	/							

echine on Arrageer Kongrams ---88 MYSC. Mr. r frofer T Asones Houseulfs - mond to Ch. Mysearditia Cho suppliedly Linelety 956 21 68 Kbzz 62 MAKERIN Hucocic met M. SHAFEER FOR MINISTERNAL TONALL Walter B. Cod. 18. March of General North Land

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician.  FUNERAL EXCOR: After this certificate has been signed by the attending physician and completely filled the funeral lifector, page 3 aculd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.					
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certil cath. Page 4 more be retained by the hospital or attending physician.  FUNERAL: CIOR: After this certificate has been signed by the attending physician rector, page 3 sould be detached for use as the burial-transit permit. Then please remuse filed with the State Dept. of Health prior to burial, cremation, or removal, and in any or	icate be executed within 24 hours after		cian and completely filled the funeral	ove carbon papers. Pages and 2 should	event, within 72 hours after death.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the eath. Page 4 per be retained by the hospital or attending physician.  THERAL TO RETORY After this certificate has been signed by the attentivetor, page 3 would be detached for use as the burial-transit permit. Then sided with the State Dept. of Health prior to burial, cremation, or removal, a	death certif		ding physic	please remo	and in any
HOSPITAL OR ATTENDING PHYSICIAN: The sail. Page 4 more be retained by the hospital or after PUNERAL! KCTOR: After this certificate has treator, page 3 should be detached for use as the burnel filed with the State Dept. of Health prior to burial,	e law requires that the	anding physician.	peen signed by the aften	ial-fransit permit. Then	cremation, or removal, a
HOSPITAL OR ATTENDING ash. Page 4 mar be retained by FUNERAL SCTOR: After irector, page 3 a bould be detached with the State Dept. of He	PHYSICIAN: Th	v the hospital or after	this certificate has t	ed for use as the bur	alth prior to burial,
HOSPITAL OF eath. Page 4 m2.  PUNERAL Freder, page 3 s.	ATTENDING	be retained by	ECTOR: After	ould be detache	tate Dept. of He
	HOSPITAL OR	eath. Page 4 m2	FUNERAL 3	irector, page 3 s	e filed with the St

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MARYLAND STATE DEPARTMENT OF HEALTH DIV

		ATTEN I PETIA	DSIMIE	DEPARI	MENI OF	FIGALIE	
ISION	OF STATISTICAL	RESEARCH A	AND RECOR	DS, 301 V	V. PRESTON	STREET, BAL	TIMORE 1, MA
	of statistical	C	ERTIFICA	TE OF	DEATH		UA

1	-		
)		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
		WASHING TON MARYLAND	. STATE MARYLAND b. COUNTY WASHINGTON
		b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
		HACTRA 34 500 genest town)  LIFE	73 HAGERSTOWN
,		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
		224 S. MULBERRY ST.	226 S. MULBERRY ST.
	3.	NAME OF First Middle DECEASED MAD V	Lest 4. DATE Month Dey Yeer OF
			VDREWS DEATH FIBRUARY 23 1962
		FEMALE WHITE WIDOWED DIVORCED	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Islands)    Months   Deys   Hours   Min.
	10a do	b. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Housewife Home	MARYLAND U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		WILLIAM BOWERS	IDA McCALL
1	15.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INFORMANT Address ACTO STOWN
	(16	is, no, Monkown) (If yes give wer or detectoservice) NONE MF	R. C. FRANK ANDREWS HAGERADOWN
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
		PART t. DEATH WAS CAUSED BY, Coronary thror	mbosis 5 minutes
			ic heart disease Indefinite
		Conditions, if any, which (b)	indefinite
		geve rise to immediate cause	
		(e), steting the underlying couse lest.	
1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
)	CERTIFICATION	Cerebral arteriosclerosis; Chole	PERFORMED?  YES NO (
i	FFC	200. ACCIDENT WAS UNDERLYING TO 1 206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 1B.)
		OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	WEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MED	p.m. 19 et work et work	
		21. I certify that (I) (this hospital) attended the deceased from	9-7-1957, 19, todeath, 19, that (I) (we) last
		saw the deceased alive on2-12-6219, end that	death occured of 45% Mom the causes and on the dete stated above.
		220. SIGNATURE Paul Harrison	22b. DATE
		le Bout I leader M	
		22c. PHYSICIAN'S / FAUI HATTISON NAME (TOWN Robert F Kendle	22d. ADDRESS
		Robert F. Keadle	Hagerstown, Md.
	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
		REMOVAL (Specify) 2/26/62 ROSE HIL	L CEM. HAGERSTOWN MD.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	350. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
7	1	V. J. Misseul Harsolow	MATE FEB 2 7 '62 Outling 2. Knows
	-		A Print

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 man be retained by the hospital or attending physician.	TO FUNERAL CIOR: After this certificate has been signed by the attending physician and completely filled the tineral director, page 3 strongly be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after dearth.
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A	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL 02399	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BACKET OF DEATH	ALTIMORE 1, MARYLAND 0238
24033		

1.	PLACE OF DEATH	1	2. USUAL RESI	DENCE (Where	deceased lived, If			
/	Washington	MARYLAND	a. STATE M	arvlan	d b. COUN	Washir	ngton	
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH	OF STAY IN 16	c. CITY OR TO	WN (If outside c	orporata limits, write			
(E	Rural) Pinesburg 50 v	rs.	(Rural)	Pinesh	urg	X		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str		d. STREET ADD			1	e. IS RE	SIDENCE
N	Villiamsport RFD #1		William	sport	RFD #1	Md.		FARM?
3.		Aiddle	Last	4. DAT	E Month	Day	Yeer	
	(Type or print) Mary Kather	ine B	anzhoff	DEA	TH Feb	. 20	19	62
5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER	MARRIED 8	DATE OF BIRTH		9. AGE (In years		IF UNDER	-
F	11/2 2 .		ug. 22 1	.874	87 yrs.	Months 28's	Hours	Min.
10	la. USUAL OCCUPATION (Give kind of work one during most of working life, even if relired)		Y 11. BIRTHPLACE	(County & Stele,	or foreign country)	12. CITIZEN O	F WHAT C	OUNTRY?
	Housewife Home		Maryl	and		U.S.	A	
13	FATHER'S NAME		14. MOTHER'S MA				1000	
	George Unger		Elizah	eth Bu	rger			
15	i. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SEC	URITY NO. 17. I	NFORMANT			sburg		#1
1,,	No none	Mr	. Kellen	Bankh	off Will	James or	at Ma	חשם
	18. CAUSE OF DEATH [Enter only one cause per line for a), (b)	), and (c).]	17	7		INI	ERVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	1. 100	diax	-X11	1an 1	11 /	TO AND	A LA
	DUE TO	y		2740	7-01	1910-11	12/-1	YILII
	Conditions, if any, which							
	geva rise to immediate cause			1				
	(a), stating the underlying DUETO					6 4		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a) : 1	9. WAS A	UTOPSY
ST.						, , ,	PERFO	
IRC/	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW	INJURY OCCURED	. (Enter neture of inju	ry in Pert I or Pe	rt II of item 18.)		11:3	10 []
L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC		CE OF INJURY (Home		City or town)	(County)	(	Stete)
MEG	p.m. 19 at work at work	1110	_//		,	0.		
	21. I certify that (I) (this hospital) attended the d	eceased from	2/20/1	199,	10. 2/20	16,219, 11	hat (I) (v	we) last
	saw the deceased alive on	and that	death occured	19M, fr	om the cause	and on the da	ate stated	above,
	22a. SIGNATURE	1	ATTENDING_	MED.	STAFF		226.	DATE
	Cara Thane	M.	D4434C 1	DIRECTOR	PHYS.	2/22	165	2
	22c. PHYSICIAN'S NAME (Typy) Day 12	Luca	22d. ADDRESS		٨	11.		
	1 1 A LPH F. 7101	011 67	WILL	-IAMSP	ORTI	MAKYL	AN	>
23	REMOVAL (Specify) 23b. DATE HEREOF 23c NAM	E OF CEMÉTERY	OR CREMATORY		CATION (City, toy	. B.B. 7	(Ste	ate)
I	Burial Feb. 23-62 Rive	erview (	Cemetery	Wi:	lliamspo	rt Md.		
24	FUNERAL DIRECTOR'S SIGNATURE ALL METALLE	RESS MIN	25a	. REC'D BY REC	SISTRAR 256. REC	GISTRAR'S SIGNAT	TURE	-
(	allen X. xeof winding	11.4.1.4	DAT	FEB 2	62	William & H.		
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		10.0	Edward The Edward	and we made to the same at

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02400 CERTIFICATE OF DEATH 02388

		Ttom Q Film C	208 2/28/62	- inte		
1. PLACE OF DEATH		700m 0 111m		(Where daceased lived,		
Wash	ington	MARYLAND	a. STATMaryla:	nd b. col	UNI Washi	ngton
b. CITY OR TOWN (if or	utside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utsida corporata limits, wr	ite RURAL and g	iva nearast town)
Hagerst		2 Weeks	03 Hagers	town		
	OR INSTITUTION (if not in ho		d. STREET ADDRESS			e. IS RESIDENCE
514 Nort	h Mulberry	Street	514 North	Mulberry	Street	ON A FARM?
3. NAME OF DECEASED	First	Middle	Lost 4.	DATE Mor	ith [	Dey Yeer
(Type or print)	Edgar	N.M.N.	BENNETT	DEATH Fel	21	19 62
5. SEX 6	COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	. DATE OF BIRTH 1889	9. AGE (In yee	S HE UNDER 1 YE	
Male	White widow	400	11 R 3/868	lest birthdey	Months De	ys Hours Min.
10e. USUAL OCCUPATION	(Give kind of work   10b. I	KIND OF BUSINESS OR INDUSTR	May 3, 1887/	& Stete, or Wreign Thuntr	y)   12. CITIZE	N OF WHAT COUNTRY?
done during most of working						USA
13. FATHER'S NAME	ctor W.M.RR	Retired	14. MOTHER'S MAIDEN NA	int Berkle	39 00	ODA
			Ella P			
James B						
(Yes, no, or unkown)   (Ifye		SOCIAL SECURITY NO. 17.		Addre		notes at
no	70		nald Bennet	t 1948 W.		ngton st
	LTH [Enter only one cause per			Hagerstown	n Md.	ONSET AND DEATH
PART I. DEATH V	WEDIATE CAUSE (e)	Myocardial I	nfarct			5 min
1420	DUE TO	Chr Conjestiv	e heart failur	re	1	months
Conditions, if any,	which (b)		otic heart dis			yrs
geve rise to immediate	ceuse	711-001-701-001-77				
(a), steting the unda	arlying					
_	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION G	IVEN IN PART 1	e) 19. WAS AUTOPSY
9		V 100 0 100 100 100 100 100 100 100 100				YES NO DO
200. ACCIDENT WAS	LINDERLYING ET 1 205 DE	SCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part	Lar Pert II of item 18.)		LES THO IN
PART II. OTHER SI  20e. ACCIDENT WAS OR CONTRIBUTING  (IF EITHER, NOTIFY MI	CAUSE OF DEATH	none	. (Enter heldle of injury in rail	To ren i or item to.,		
No 20c. TIME OF INJURY	Month, Dey, Yeer   20d.			20f. (City or town)	(County	(Stete)
20c. TIME OF INJURY Hour a.m.	none 19 While	le Not While fect	none			
- Print	210210 17		,	61 . Feb	27 10 6	22 that (I) (we) last
		nded the deceased from.				
	alive on	162 19 and that	death occured av	M, from the cause:	and on the	
220. SIGNATURE	ed R. Trie	Tel de	ATTENDING MED	CTOR PHYS.	1	22b. DATE SIGNED 2-22-62
22c. PHYSICIAN'S	70 7000		22d. ADDRESS			
NAME (Type)	Harold R. Tri	itdh, Jr. M.D	302 N. Pot	omac Street	- Hagers	stown, Md
23a. BURIAL, CREMATION REMOVAL (Specify)	I, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,		(Stete)
Burial	2/24/62	Rest Haven	Cemetery	Hagers	town. I	Md.
24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		BY REGISTRAR 256. F		SHATURE
Andrew K	Coffman	Hagerstown.	MA DATEFER	26'62	withun S. 72	Traves
VIIII EM V	- VOLLIELA	nagers town.	MG- INVIELTIN			

30 1 1 3 Terestal variation and a soil and the terestal variables and the 27 1997 75 and the restrict relativity in the transfer of the responsible re more reason. The set of the set of the set of the set The Martin St. Control of the Contro Carrie Company aline all the city and a first all of the months

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02401 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington County o. STATE st Virginia b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Martinsburg d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 512 West Martin Street Williamsport Sanitarium NAME OF Middle DATE DECEASED (Type or print) Meveral Clagett DEATH Blondel February 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days white male WIDOWED [ DIVORCED T ·December 1962 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) retired Interwoven Stocking Company West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Anthony Blondel Clara Huber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Mrs. Mary C. Blondel, 512 W. Martin Street 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (o). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Ė Conditions, if any, which gave rise to immediate per DUE TO couse (o), stating the underond lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION buriol 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour a. n. factory, street, office bldg., etc.) While Not while at work ot work 21. I certify that I attended the deceased from . 1962 that I last saw the deceased 1:45 AM, fram the causes and an the date stated above. and that death accurred at. ADDRESS (Street, city or town, state) SIGNATURE PHYSICIAN'S NAME (Type)

H.

1962

Walter

22b. DATE THEREOF

23Feb.

Dr.

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Shealy

Rosedale

**ADDRESS** 

22c. NAME OF/CEMETERY OR CREMATORY

cemeterv

Berkelev

Day

23.

USA

(County)

Sharpsburg Maryland

240. REC'D BY REGISTRAR

4 DATE

22d. LOCATION (City, town, or county)

Martinsburg

2 6 '6

e. IS RESIDENCE ON A FARM?

Hours

Martinsburg, W.V

INTERVAL BETWEEN ONSET AND DEAT

PERFORMED?

YES NOX

(State)

DATE SIGNED

(Stote)

W. Va.

Cirling & Thous

24b. REGISTRAR'S SIGNATURE

12. CITIZEN OF WHAT COUNTRY!

YES NO TE

Year

1962

0

VS A15 (4) 15M 9/55

15M 7/61

DIVISIO	ON OF STATISTIC	MAR AL RESE	ARCH AND REC	ORDS, 301 W.	PRESTON ST	EALTH REET. BALTIN	ORE 1. MAR	RYLAND
	02402		CERTIFIC	CATE OF	DEATH		023	90
PLACE OF DE	ATH			2. USUAL	RESIDENCE (Who	ere deceased lived, If	institution: Rasiden	ce before admission)
e. COUNTY	Washington		MARYLA	a, STATE	Marulan	b. COUR		instan
b. CITY OR TOW	/N (if outside corporate li	mits,	c. LENGTH OF STAY H			corporate limits, write		neerest town)
write RURAL	end give nearest lown)		20 11.	12				
d, NAME OF HO	Hagerstown DISPITAL OR INSTITUTION	l (if not In ho	spital, give street address		Hagerste	own		. IS RESIDENCE
	219 Mill St				219 Mil	l St.		ON A FARM?
. NAME OF DECEASED	Fir	51	Middle	Last	4. DA		Day	Year
(Type or print)	Est.	ella	Mary	Bond	DE	ATH Jebrua	ru 3	19 62
S. SEX	6. COLOR OR RAC	E 7. MARRIE	NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Temale	e White	WIDOWE		December	1.1897	64 yrs.	Months Days	Hours Min.
Oa. USUAL OCCU	PATION (Give kind of wo	ork 10b. K	IND OF BUSINESS OR IN	DUSTRY   11. BIRTHPL	ACE (County & Stet	e, or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
House	f working life, even if reti	real	Own Home	Mar	ion, Penna.		USI	9
3. FATHER'S NAM	NE 3				S MAIDEN NAME			
	Charles K.	inon.		Flore	ence Deit	rich		
	EVER IN U.S. ARMED FO	PRCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT	3000	Address		
Vo	) (If yas give war or detas o	(service)	None.	Mrs. Howard	1 budicil	1 221 M:11	St Haca	estown Md.
18. CAUSE O	F DEATH Enter only or	ne cause per	110100	1 1000 NOWWA	i music	c zzi inu	or Naye	TERVAL BETWEEN
	EATH WAS CAUSED BY:		A	4	-	125/15		SET AND DEATH
47	IMMEDIATE CAUSE (		Corone	my ve	cusus	0	lu	ston
ola ola	DUE TO	0	14	100	1/ /	1		
Conditions, if geva rise to imm		b) 2	enus e	eurns	Near	per	-	squ
(e), stating the		0					10000	
cause lest.		c)						
PART II. O	THER SIGNIFICANT CON	DITIONS COI	TRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(a)	PERFORMED?
						111 111 111 11 11 11 11 11 11 11 11 11		YES NO
	WAS UNDERLYING I	20b. DES	CRIBE HOW INJURY OC	CURED. (Enter neture of	of injury in Part I or I	Pert II of item 18.)		
(IF EITHER, NO	TIFY MEDICAL EXAMINE	R)						
20c. TIME OF I				e. PLACE OF INJURY factory, street, office		(City or town)	(County)	(Stete)
Hour a.	.m. 19	While at wor		isciory, sireer, offic-	brug., alc.,			
	y that (I) (this hosp	nital) atten	ded the deceased f	rom /2-1	-612	10.2-3	- 16-2	that (I) (we) last
saw the dec		~/-	6 219 and		red bush an			
22a. SIGNATU		~	and	mai deam occu	led Blemmint,	HOW THE COUSES	and on me d	22b. DATE
120. 5.5.	1 21/8	X	9	ATTENDIT	MED.	STAFF PHYS.	2/4	5/62 SIGNED
22c. PHYSICIA	N'S VOU	rus ,	p	M.D. PHYS.	1000	////		702
NAME (T		1/ 7.	771 8		1/		4.1	
2- BIRIAL CREW	MATION, 236. DATE TH	EDEC /	23c. NAME OF CEME	TERY OR CREMATOR	The state of the	LOCATION (City, to	or course	(Stete)
REMOVAL (Spec	cify)					fa a	/	Md
Buri		/62		en Cemeter		Hagersto		
	TOR'S SIGNATURE	Ch	ADDRESS	+ M.J	25a. REC'D BY R		BISTRAR'S SIGNA	
Kest Ac	wen Inneral			stown, Md.	DATE FEB 8	02	WW. 101	
	When.	a.	Horst					

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	distinct a	onso of C		elections	es ce
St. Misseus Gran	Min 182 Minis	Stanowski Stanowski	Naue B		
		× 5			
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12/1					
				2/6/62	

VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)
Washington MARYLAND	Maryland Washington	
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and s	giva nearest town)
Hagerstown 2 Weeks	03 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Wash County Hospital	436 W. Washington St	YES NO X
3. NAME OF First Middle DECEASED	OF	Dey Yeer
	EWER DEATH Feby 17 196	2 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y lest birthday) Months Da	EAR IF UNDER 24 HRS.
Male White WIDOWED TO DIVORCED	Nov 24 1882 79 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY?
Broker Real Estate	Clear Spring Wash Co	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jacob A. Brewer	Carrie Eyerly	
	INFORMANT Address	
(Yas, no, or unkown) (Ifyesgivewerordatesofservice) No 219-20-2108 L	e Roy E. Brewer 1014 Potoma	c Ave
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Hagerstown Md.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic	heart disease with failure	ONSET AND DEATH
4-0	meart disease with failure	yrs
Bundle branch 181	ock	yrs
gave via to immediate gaves		
(e), steling the underlying DUE TO generalized arte	rioscierosis	yrs
ceuse last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	THE ATEN TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1	(-) 10 WAS ALITORSY
O DEATH BOTH	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
Advanced senility		YES NO X
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) NOTE	D, (Enter netura of injury in Pert 1 or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (Count	y) (Stete)
Hour e.m. None while Not While tack	vone	-
21. I certify that (I) (this hospital) attended the deceased from.		2. that (1) (we) last
saw the deceased alive on		
22e. SIGNATURE		22b. DATE
1 7/2 11 8 1191 (p)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2-19-62 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Harold R. Tritch, Jr., M	302 N. Potomac Street-Ha	g., Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county)	(Stete)
Burial 2/20/62 St Pauls 0	enetery Clearspring Wash C	5 MA
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SH	GNATURE
Andrew K. Coffman Hagerstown Md	EFF O 4 100	
	DAIL .	VIAUAS

John Committee . The

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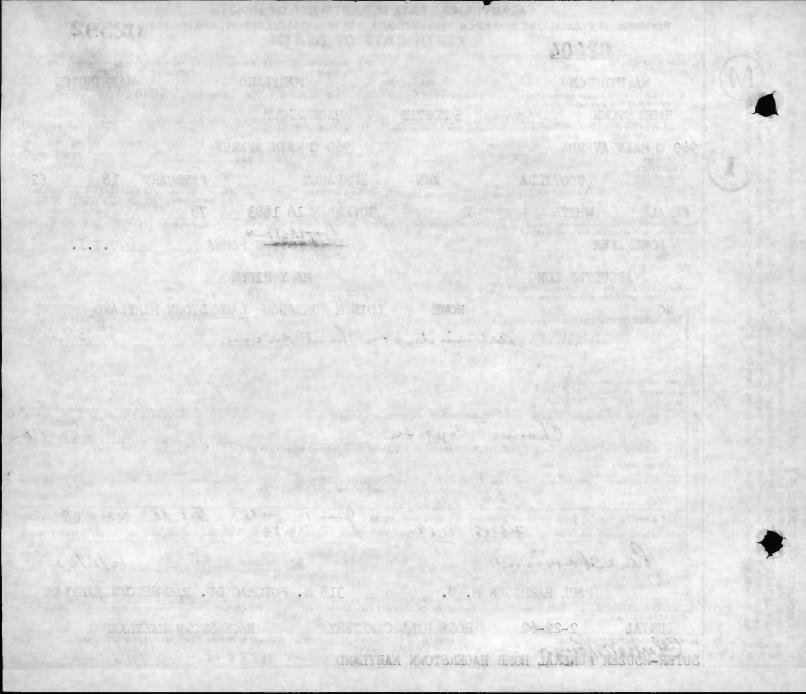
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VR A15 (4) 15M 9/60

### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH 10 KARYLYND ASLAL.

1. PLAC e. CO					2. USUAI	E	CE (Where de	eceesed lived, If b. COUN	VTY		GTON	
h CIT	WASHI	IN GLOIN f outside corporate limi	te	MARYLAND  c. LENGTH OF STAY IN 1b	CITY			porata limits, writ		2 - January		
WI	rite RURAL end	give neerest town)	13,		40			ordic minis, win	2 11011712 0110			,
	AGERSTO			5 MONTHS		ERSTO	VN .				10 00	CIDELICE
d. NA	ME OF HOSPII	AL OR INSTITUTION (	if not in hos	pitel, give street eddress)	d. STRE	ET ADDRESS						A FARM?
960	G MAIN	AVENUE			960	G MAIN	I AVENU	E			YES	NO X
3. NAM	E OF	First		Middle	Les	st	4. DATE	Mont	h	Day	Yeer	
(Туре	or print)	CLOTILD		ANN	BUMBAU		DEATH	r LDRU.		L8	19	62
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF B	IRTH	9	. AGE (In years lest birthday)		eys	Hours	Min.
FEM	ALE	WHITE	WIDOWE	DIVORCED 1	NOVEMBE	R 16 1	883	78 yrs.	Months	ays	nours	Min.
IDe. USL	JAL OCCUPATI	ON (Give kind of worl	1Db. K	IND OF BUSINESS OR INDUST				foreign country)	12. CITIZ	EN OF	WHAT	OUNTRY
		rking life, even if retire	(d)		T 30.3	TTLEST		DT A	7	TC	A	
	HOMEMAK IER'S NAME	<u>r</u> r	1		114 MOTHE	R'S MAIDEN	N PEN	NA		J.S.	A.	-
13. 17.11	IER S HAME				14, MOTHE	K 3 MAIDEIN	INAME					
		USTUS LONG					RIDER					
		ER IN U.S. ARMED FOF Tyasgivewarordatesofs		SOCIAL SECURITY NO. 17.	INFORMAN	T		Address				
N			,	NONE L	OIS M E	RIMBATIO	H HAG	ERSTOWN	MARYT.	IND		
		EATH (Enter only one	ceuse per l	ine for (e), (b), and (c).]	,	01120103				INTE	RVAL BET	
		H WAS CAUSED BY	PAI	terin clar at	i be	I de	ian			ONS	2 AND	LEY
1	4 7	IMMEDIATE CAUSE (+)		7-27-0-2							0	
	1 4	DUE TO										
	ditions, if any rise to immadi	1-1								-		
	stating the u	P DUE TO										
	e lest.											
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(a)   19.	. WAS A	UTOPSY
CATIC		Chr	onic	Cyptitis						YE		NO Z
OR C	ONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter netura	a of injury in	Part I or Part I	ll of Itam 18.)				
WEDICAL 20c.	TIME OF INJU	RY Month, Dey, Ye			ACE OF INJUR			y or town)	(Count	ty)		(Stete)
IQ I	Hour a.m.	19	While at wor	1401 4411110	ctory, street, off	ica bidg., aic	.,					
ALC: UNIVERSAL PROPERTY.	p.m.				Q	1	10 58 1	Fet 1	18 ada	7-41	-100	· · · · · · · · ·
21.	certify i	nat (I) (this nospi	ral) aften	ded the deceased from						-	-	
		ed alive on	1-6-1	19	at death occ	cured at		n the causes	and on th	e dat		
22a.	SIGNATURE	Starris	m		M.D. ATTENI	DING	MED. DIRECTOR	STAFF PHYS.		2/20	162	SIGNED
22c.	PHYSICIAN'S					DDRESS						
	NAME (Type)	PAUL HAR	RTSON	M. D.	31.8	N. PC	TOMAC	ST. HAG	ERSTOWN	I MA	RYLA	NTO
	RIAL, CREMATI	ON, 23b. DATE THE		23c. NAME OF CEMETERY				CATION (City, to				tete)
_	URTAL	2-22-6	2	ROSE HILL CE	METERY		HACE	RSTOWN	MARYT, AN	ID.		1
		S SIGNATURE		ADDRESS		2Sa. RE		TRAR 256. RE			JRE	
CIMITA	Tayso)	nousen	HOME I	TACTO COLOTAR MADE	CTIANT	DATE	FER 2 6	'62	Chalung &	8 45	-11A	
SOLF	n-nou LE	T UNCKAL	HOME I	HAGERSTOWN MAR	YLAND	DAIL	I half in O		Course D	1, 100		



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CHARGE CONTROL OF DEATH CERTIFICATE OF DEATH

a. COUNTY We	ashington			a. STATE Make	NCE (Where deceased lived, Land b. CC		ington
b. CITY OR TOWN (if	f outside corporata limit	ts,	MARYLAND c. LENGTH OF STAY IN 1		(If outside corporata limits, w		
Ho	give nearest town)		Life	03 Hage	rstown		
			oital, give street address)	d. STREET ADDRES			e. IS RESIDENCE
Washin	igton Count	y Hosy	pital		V.Prospect St.		YES NO
. NAME OF DECEASED (Type or print)	Charl	01	Middle Emin	Burger	4. DATE MOODE OF DEATH	Day	1962
. SEX	1 4 401 00 00 01 01	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellast birthda	BIS IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	WIDOWE	DIVORCED	July 22, 188		Modellia Days	Hours Min.
Oa, USUAL OCCUPATION done during most of wor survive of the surviv		d) (	nd of Business or Industry. Mfg. & Aircr	STRY 11. BIRTHPLACE (Co	unty & State, or foreign count ithsburg, Md.		SA
	Jacob Bur	ger		_	san Poper		
S. WAS DECEASED EVE	ER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO. 17	INFORMANT	Add	rass	
Yas, no, or unkown) (If	yes give war or dates of se	217	7-10-3304 M	rs. C. E. Burge	z 664 N. Prospe	ct St. Hage	erstown, M
IB. CAUSE OF D	EATH [Enter only one	cause per li		0 /	01	IN	TERVAL BETWEEN
PART I. DEATH	H WAS CAUSED BY:	CA	e prolemen	le /12/2	eded fails	41 1	son we
			110000	1/1/0/-			
22"	7 DUE TO		g	(100/-			4
Conditions, if any	7 DUE TO	en	physam o	enter sol	mad grill.		year
Conditions, if any gave rise to immedia	DUE TO (b) ale causa	en	phypan o	esteurod	mad grill.		year
Conditions, if any	DUE TO (b) ale causa	en	plypan g	esteur sol	mad gul.		year
Conditions, if any gava rise to immedia (a), stating the uncause last.	DUE TO  (b) ale causa ndarlying  DUE TO  (c)	en lions con	TRIBUTING TO DEATH BUT	esterisol	MINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
Conditions, if any gave rise to immedia (a), stating the uncause lest.  PART II. OTHER  20a. ACCIDENT/ OR CONTRIBUTION	DUE TO  , which ale causa ndarlying  DUE TO  (c)  SIGNIFICANT CONDIT	704. DES	exercitis	etect 500	mad gul.	GIVEN IN PART 1(a)	PERFORMED?
Conditions, if any gava rise to immedia (a), stating the uncausa last.  PART II. OTHER  20a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOWEY)	DUE TO  (b) ale causa nderlying  UE TO  (c) SIGNIFICANT CONDIT  AS UND REYING CHOSE OF DEATH MEDICAL EXAMINER)	TOW. DES	CRIBE HOW INJURY OCCUR  NJURY OCCURRED 2De.  Not White	etect 500	MINAL DISEASE CONDITION on Part I or Part II of itam 18.)	GIVEN IN PART 1(a)	PERFORMED?
Conditions, if any gave rise to immedia (a), stating the uncause last.  PART II. OTHER  20s. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIFE)  20c. TIME OF INJUITHER	DUE TO  , which ale causa nderlying  DUE TO  (c) SIGNIFICANT CONDIT  AS UVD RLYING COSE OF DEATH MEDICAL EXAMINER)  RY  Month, Dey, Yea	70b. DEScription of the part o	CRIBE HOW INJURY OCCUR  NJURY OCCURRED 2De.  Not While at work	NOT RELATED TO THE TERM RED. (Enter natura of injury in the property of the pr	MINAL DISEASE CONDITION on Part I or Part II of itam 18.)	(County)	YES PERFORMED? YES NO [
Conditions, if any gave rise to immedit (a), stating the uncause lest.  PART II. OTHER  20a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOWEY)  20c. TIME OF INJUING Hour a.m. p.m.  21. I certify the	DUE TO  DUE TO  (b) ale causa ndarlying  DUE TO  (c) SIGNIFICANT CONDIT  AS UMD RLYING CASE OF DEATH MEDICAL EXAMINER)  RY  Month, Day, Yee  19  hat (I) (this hospit	20d. DESC While at work	NJURY OCCURRED 2De. Not While at work ded the deceased from	NOT RELATED TO THE TERM RED. (Enter natura of injury in PLACE OF INJURY (Home, felactory, street, office bldg., el	MINAL DISEASE CONDITION on Part I or Part II of itam 18.)  strm, 2Df. (City or lown)  stc.) 19, to	(County)	YES NO (State)
Conditions, if any gave rise to immedit (a), stating the uncause lest.  PART II. OTHER  20a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOWEY)  20c. TIME OF INJUING Hour a.m. p.m.  21. I certify the	DUE TO  DUE TO  (b) ale causa ndarlying  DUE TO  (c) SIGNIFICANT CONDIT  AS UMD RLYING CASE OF DEATH MEDICAL EXAMINER)  RY  Month, Day, Yee  19  hat (I) (this hospit	20d. DESC While at work	NJURY OCCURRED 2De. Not While at work ded the deceased from	NOT RELATED TO THE TERM RED. (Enter natura of injury in part deeth occurred et.)	AINAL DISEASE CONDITION on Part I or Part II of itam 18.)  2Df. (City or town)  19, to	(County)	YES NO (State)  that (I) (we) I ale stated above
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Conditions, if any gave rise to immedia (a), stating the urcause lest.  PART II. OTHER  20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUITHOUT A.m., p.m.  21. I certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	DUE TO  , which ale causa and arriving DUE TO  (c)  SIGNIFICANT CONDITION  AS UND REYING DEATH MEDICAL EXAMINER)  RY Month, Day, Year  19  hat (I) (this hospit and alive on	200. DESC While at work	NJURY OCCURRED 2De. NJURY OCCURRED 2De. NJURY OCCURRED 2De. Not While at work ded the deceased from 19, and the second sec	NOT RELATED TO THE TERM RED. (Enter natura of injury in the property of the pr	AINAL DISEASE CONDITION (In Part I or Part II of itam 18.)  2Df. (City or town)  19, to	(County), 19, es and on the d	YES NO (State)
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Conditions, if any gave rise to immedia (a), stating the uncause last.  PART II. OTHER  20a. ACCIDENT OF CONTRIBUTING (IF EITHER, NOWFY)  20c. TIME OF INJUING (IF EITHER, NOWFY)  21. I certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  3a. BURIAL, CREMATINE (Type)  3a. BURIAL, CREMATINE (Type)  4. FUNERAL DIRECTOR	DUE TO  , which ale causa ale causa anderlying  DUE TO  (c) SIGNIFICANT CONDITION  AS UVID RELYING  COSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Yea  19  hat (I) (this hospit and alive on	20d. I White at work at latence REOF	NJURY OCCURRED 2De. Not While at work 19	PLACE OF INJURY (Home, fe factory, street, office bldg., e mat deeth occured et.  ATTENDING PHYS.  22d. ADDRESS  136 N.  RY OR CREMATORY  Cemetery  25a. F	AINAL DISEASE CONDITION on Part I or Part II of itam 18.)  arm, 2Df. (City or town)  tc 19	(County)	(State)  That (I) (we) late stated above 22b. DATE 2/12/6.  (State)  (State)

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FOR STATE
HEALTH DEPT

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12394

1	e. COUNTY	e. STATE	NCE (Where deceesed lived, II b. COU	' institution: Kesidence before edmissi NTV
A			enna.	Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 16 C. CITY OR TOWN	(If outside corporate limits, wri	te RURAL and give neerest town)
		rs. Rural	Hagerstown	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street	eddress) d. STREET ADDRESS	5	e. IS RESIDEN ON A FAR
	Hagerstown R.D. #5	Hagers	stown R.D. #5	YES NO
3	. NAME OF First Midd	le Lasi	4. DATE Mont	h Dey Yeer
	(Type or print) John Freder:		DEATH Feb	. 23 1962
5	. SEX 6. COLOR OR RACE 7. MARRIED THEYER MA	RRIED 8. DATE OF BIRTH	9. AGE (In yeers last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HI
	Male   White   WIDOWED   DIVE	ORCED Jan. 17. 1914	1.8 yrs.	Months Deys Hours Min
	De. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINES done during most of working life, even if retired)		e or foreign country)	12. CITIZEN OF WHAT COUNT
1	Welder Frick Co.	Memrland	3	U.S.A.
N	3. FATHER'S NAME	Maryland	NAME	U and a final
	Albert Cantner	Florence	Saunders	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURI		Addres	s
10	No	Mrs. John F. C	Centner He	gerstown #5, Md.
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), e	nd (c).)	74101101	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot, Wor	nd Of Chest		ONSET AND DEATH
	97/X DUE TO	aid of fiest	EL MINISTER	THIS CALL
10	Conditions, if any, which (b)			
	geve rise to immediate cause			
	(e), stating the underlying cause lest.			
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	PEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	
ATIC				YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJUR	OCCURED. (Enter neture of injury in Pe	ort I or Pert II of item 18.)	
GER	PRIMARY X or CONTRIBUTING CAUSE OF DEATH.	11 . 0 -14		
N.	Self inflicte	ED   20e. PLACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (State)
MEDICAL	Hour e.m. While Not While et work et work	fectory, street, office bldg., et		197 1 1 1 1 1
1	21. I certify that I took charge of the remains describe		Inspection Inqui	
10	death resulted from: Natural causes , Accident	, Suicide , Homicide		
	/	CHIEF MEDICAL		
E	ACTUAL 6/ SI,	75	DICAL EXAMINER	DATE SIGNED
	SIGNATURE THE COLUMN SIGNATURE	M.D.		2-24-62
	NAME (Type) Dr. E. W. Ditto. Jr.		city, town, or county)	-24-02
22	2a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR CREMATORY	22d. LOCATION (City, town	n, or country) (State)
	REMOVAL (Specify)  Burial 2/27/62 Ring		Hagerstown #	5 Md.
2	WINERAL DIRECTOR ADDRESS		C'D BY REGISTRAR   24b. REG	
L	Walter F. Grove Waynesboro, P.	2000	27162	. 0 4
	Maynesporo, F	enna. DAHER	27'62 1 01	Lug & Krone

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William Francisco Commencia, status, status, status and status and

he funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mg be retained by the hospital or attending physician.

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		F STATISTICAL		LAND STATE	RDS,	301 W. PREST	ON STRE		ORE 1, MA	ARYH	AND_	
	62	407		CERTIFICA	ATI	OF DEAT	THI .		C	NO U	33	
	CE OF DEATH		137/4			2. USUAL RESIDE	NCE (Where o	deceased lived, If		dence be	fore edmiss	sion)
	WASHI	NGTON outside corporate limits,		MARYLANI		MARYL			WAS		IGTON	
	AGERSTO	give nearest town)	120	FEW MINUTE		X RURAL	L	CLEAR	SPRING		D.	
d. 1	NAME OF HOSPITA	AL OR INSTITUTION (if				NONE	S			0.	ON A FAR	RM?
3. NA	ASHINGT ME OF CEASED	ON CO. HO	SPIT	AL Middle		Last	4. DATE	Month	D	lay	Year	担
5. SEX	pe or print)	VERNIE 6. COLOR OR RACE   7	MARRIED	GRACE CA	ARB	AUGH DATE OF BIRTH	DEAT	FEB.	IF UNDER 1 YEA	24 AR IF L	19 62 INDER 24 H	Ž IRS.
	EMALE	WHITE	WIDOWED	DIVORCED	J	UNE 10.18	398	last birthday) 63 yrs.	Months Day	L.	urs Mi	
done o	during most of world	ON (Give kind of work king life, even if refired) 미구당으		D OF BUSINESS OR INDU				MD.	12. CITIZE	S.A.		ITRY?
	OME DUT	TEO	no	USE WORK	-   1	WASHINGT(	N NAME	MD.				
Yes, n	O, or unkown) (If) O CAUSE OF DE	RIN U.S. ARMED FORCE RIN U.S. ARMED FORCE NONE LATH [Enter only one companies of the control of	213 ause per lin	3-40-4700	MR RY C	S OLIVE I OCCLUSION WI		Address CLEAR	SPRI	ONSET 2 h	MD.  AL BETWEEN AND DEATH	
98 (e ca	ve rise to immedia ), steting the un- use last.	derlying DUE TO	ONS CONT	RIBUTING TO DEATH BUT	I NOT	RELATED TO THE TERM	MNAL DISEASE	CONDITION GIV	EN IN PART 1(e	119. W	/AS AUTO	PSY
ATIO	TAKI II. OTILA	ordinary constitu		None	, ,,,,,	NELTIES TO THE TENT	WALL DIOEFTOR				PERFORMED	
₩ OR	ACCIDENT WAS	S UNDERLYING [] :		RIBE HOW INJURY OCCU	URED. (	Enter nature of injury in	n Pert t or Pert	It of item 18.)		1		
WEDICAL 20	Hour e.m.	Y Month, Day, Yeer	20d. IN While et work			OF INJURY (Home, fa y, street, office bldg., e	tc.)	ity or town)	(County)		(Stete	) )
	w the decease	at (I) (this hospital dalive on Februs	,	the deceased from 19.62 and t		February 21			, 19 6 and on the		stated ab	ove:
22	c. PHYSICIAN'S NAME (Type)	Archie Robert (	Cohen,	M.D.	M.D	21015	DIRECTOR	Maryland			02/2	
23a. B	URLAL, CREMATIC	H, 236. DATE THERE	OF	23c. NAME OF CEMETE	ERY O	CREMATORY	23d. LO	CATION (City, to	vn or county)		(Stete)	
DI	RIAL	2/27/62 S. SIGNATURE	2	BLAIRS VAI	LLF			BLAIF STRAR 25b. REG	S VAL		7	
Ms	200. 7/	Powland	CLEA	R SPRING.	MI	DATE	FEB 2 8	'62	Irilian S.	Kraw		

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Ssary, O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the filterle, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dim 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

92408 MEDICAL	EXAMINER'S	CERTIFICA	ATE OF	DEATH	029	200	
I. PLACE OF DEATH		2. USUAL RESIDE	ENCE (Where d			ice before a	dmission)
Washington	MARYLAND	a. STATE	ld.	b. COUN	Was	h.	
b. CITY OR TOWN (if outside corporata limits, write RURAL and give neerest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	'N (If outsida con	porata limits, writa	RURAL and giva	neerast tow	n)
Hagerstown	7 months	13 Hager	stown				
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho.	spital, give street eddress)	d. STREET ADDRE	SS				SIDENCE A FARM?
9 Marbern Road		925 H	Hamilto	n Blvd.		-	NO [
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Dey	Year	
(Type or print) Roy	Milton Ch	ristner	DEATE	a Fe	b. 14,	19	62
5. SEX   6. COLOR OR RACE   7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years   last birthday)		-	
male   white   widowi	ED DIVORCED	May 15, 1	.892	69 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (St.	tate or foreign co	ountry)	12. CITIZEN	OF WHAT C	OUNTRY?
maintenance	st. Union Te	ele. Garr	ett, F	enna.			
13. FATHER'S NAME		14. MOTHER'S MAID				5411	
Austin G. Chr	istner		L	ydia Bu	rkhold	er	
(Ver an ar unhaum)   (Ifversive waver dates of consists)	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
no 2	33-01-2296	Mrs Kathl	leen Ch	ristner	, Hag.	, Md.	
18. CAUSE OF DEATH [Enlar only one cause par	lina for (a), (b), end (c).]					TERVAL BET	
PART I. DEATH WAS CAUSED BY:	oronary	Occlus	Loui.		7	30 17	w.
DUE TO							
Conditions, if any, which \ (b) QL	werall zel.	athers	sclera	oui			
geva rise to Immadiele causa	0				11-01-2		-
(a), stating the underlying cause lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS A	UTOPSY
Modular Cyporplana pr	astate, Divs	uti whasi	Joj wel	i'l Cola	11		NO []
200. EXTERNAL CAUSE WAS 206. DESCR	RIBE HOW INJURY OCCURED.	Entar nature of injury In	Part I or Part II o	of item 18.)			
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.							
0		ACE OF INJURY (Homa, tory, streat, office bldg.,		ty or town)	(County)	(	(State)
Hour a.m. While the work was th	G	nory, sireal, offica bidg.,	arc./				
21. I certify that I took charge of the rem	nains described above, h	eld an Autopsy	Inspection	Inquir	, and	in my or	pinion
death resulted from: Natural causes	Accident . Suid	ide , Homicio	de 🗍, Ur	ndetermined ma	anner 🗍		
000	0	CHIEF MEDICA	AL EXAMINER	7			
ACTUAL CLUSGAY (1)	HIHATTI	ASSISTANT A	MEDICAL EXAMIN	VER 🗍		DATE SIG	NED
SIGNATURE CONCESSION	N 1110	ctingeputy Medi	CAL EXAMINER	177	2/1	6/62	
NAME (Type) Edward W. Ditto			al, city, lown, or		~/ ~	.0102	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or country)	(Steta	1)
burial Feb. 19, 19	62 Halcyon H	Hills Mem.	Whee	ling, .W	Va.		
23. FUNERAL DIRECTOR	ADDRESS			RAR   24b. REGI			
Scott F. Minnich & So	n, Hagerston	vn, Md. DATE	FEB 1 9 '6	12 Ch	thur S. The	u.a.	

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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) Washington a. COUNTY g. STATE b. COUNTY Md. Wash. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) rural Smithsburg davs Hagerstown d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION RFD Washington County Hospital YES T NO T NAME OF 4. DATE Middle Manth Year 62 NMN Cline Amanda DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 83 birthday) Manths Davs 20. 1878 female white DIVORCED | Aug. WIDOWED IX 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign cauntry) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Frederick Co., Md. house 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sophia Kuhn Sam Frey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Cline, RFD 1. Smithsburg, Md. none no INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Programonia DUE TO eneralized Arteriosclerosis Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P 20a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (State) Day, factory, street, affice bldg., etc.) Haur a. m While Nat while p. m at wark at work 19 21. 1 certify that (1) (this-hospital) attended the deceased fram... 19.52, and that death accurred at 2.2 AM, from the causes and on the date stated above. saw the deceased alive an 22b. DATE 22a. SIGNATURE 52 SIGNED PHYS. DIRECTOR [ PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles F. Less M.D. Suithsbur . 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lawn, ar caunty) (State) REMOVAL (Specify) Pleasant Valley Church Smithsburg, 2-17-62 buria 25b. REGISTRAR'S SIGNATURE

25g, REC'D BY REGISTRAR

ADDRESS

F. Minnich & Son, Smithsburg, Md. DATE FR 19'62

director filed ofter

22 .5 campletely filled death. Pages ofter papersand pan 72 On 2 physici remove attending please the þ emaval. permit. signed b crematian,

executed within 24 hours

physician. burial-transit been has attending certificate the SO 5 USe haspital for Oched ! FUNERAL DIRECT page 3 sh

HOSPITAL OR ATTENDING PHYSICIAN: The 0 0 VR A15 (4) 1SM 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

Scott

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DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY e. STATE ASHING-TOOM MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town d. STRET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NESTERY NAME OF DATE DECEASED OF DEATH (Type or print) AGE (In yeers | IF UNDER 1 YEAR 5. SEX last birthdey) Months Devs DIVORCED YES. 0 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work State, or foreign country) done during most of working life, even if retired) HOUSE FIRED. CO. 13. FATHER'S NAME MOTHER'S MAIDEN NAME .= CLOSEPH ANNE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. removal, (Yes, no, or unkown) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 0 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work at work January 30 21. I certify that (I) (this hospital) attended the deceased from and that death occupied at. A.M. from the causes and on the date stated above. saw the deceased alive on. 4:10 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR

. IS RESIDENCE QN A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMEDA

NO

(Stete)

DATE

(Stete)

REGISTRAR 256. REGISTRAR'S SIGNATURE

DATETE

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carbon pue physician remove please attending Then the physician. è signed burial-transit aftending has certificate ha for After TOR death. Page 4 n.
TO FUNERAL. D.
director, page 3 sh
be filed with the S. VR A15 (4) 15M 9/60

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hours

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REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SUSTIATURE

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VR A15 (4) 15M 9/60

CERTIFICATION

MEDICAL

	02411	CERTIFICAT		REET, BALTIMORE 1, N		393	3
	PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, If institution: b. COUNTY Washingt		e before a	dmission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 15		de corporate limits, write RURAL an		earest tow	n)
	d. NAME OF HOSPITAL OR INSTITUTION (if n	of in hospital, give street eddress)	d. STREET ADDRESS			ON	SIDENCE A FARM?
	Washington County NAME OF First	HOSPITAL Middle		DATE Month	Dey	YES	ио 🗶
	(Type or print) HOWARD		CRAMER I	9. AGE (In years   IF UNDER	962 YEAR	19 IF UNDER	24 HR\$.
10a	37 9 707 1	VIDOWED DIVORCED D	ec 18 1891 Y <sub>1</sub> 11. BIRTHPLACE (County & S	70 yrs. Months	Days	Hours WHAT C	Min.
do	ne during most of working life, even if retired)	ler Co Retired		Wash Co Md.		SA	
1 E	William F. Cra		Rebecca				
	WAS DECEASED EVER IN U.S. ARMED FORCE s, no, or unkown) (Ifyesgivewarordatesofsery		of M. Ruth Cra	amer 851 Penna	Av	е	
	1B. CAUSE OF DEATH (Enter only one can part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		Hagerstown sm	Ma.		RVAL BET	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)	Venous thrombos	is iliac vei	n right	2	week	CS
CATION	PART II. OTHER SIGNIFICANT CONDITION					PERFO	UTOPSY RMED? NO
CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I o	or Part II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e.m. 19	While Not While facts at work at work	CE OF INJURY (Home, farm, 20 pry, streat, office bldg., etc.)				(State)
	21. I certify that (I) (this hospital saw the deceased alive on Feb.	) attended the deceased from 1219.62, and that	death occured at M	2, to Feb. 12 , 16, from the causes and on	22, th	at_() ( le stated	we) last labove.

MARYLAND STATE DEPARTMENT OF HEALTH

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Buria. 24 FUNERAL DIRECTOR'S SIGNATURE

22a. SIGNATUR

22c. PHYSICIAN'S NAME (Type)

> 23c. NAME OF CEMETERY OR CREMATORY Cemetery Rose will

Kneisley, M.D.

23d, LOCATION (City, town or county) (Stata) Hagerstown Wash Co

148 West Washington Street Hagerstown, Maryland

ADDRESS Andrew K. Coffman Hagerstown Md.

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE FF 1 6 '62

DIRECTOR

22d. ADDRESS

STAFF

PHYS.

arthur & Kraus

MARYLAND

22b. DATE

SIGNED

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Andrew V. Collegen Hagels sorn Md.

VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12412

CERTIFICATE OF DEATH

02400 02412

1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAN	
b. CITY OR TOWN (if outside corporate limits,  HAGEASTOWN C. LENGTH OF STAY IN  20 YRS.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  320 W. HOWARD ST.	1 d. STREET ADDRESS ON A FARMY YES NO A FARMY
3. NAME OF First Middle DECEASED (Type or print) TDA LF.E.	CRIM  4. DATE Month Dey Yeer OF DEATH FEBRUARY 17 19 62
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   FEMALE   WHITE   WIDOWED   DIVORCED	8. DATE OF BIRTH 11/5/1879  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Months   Days   Hours   Min.
done during most of working life, even il retired) HOUSEWIFE HOME	DUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  MARYLAND U.S. A.
RUFUS SMITH CRIM	SARAH C. MULL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no.) (Ifyesgivewerordatesofservice) NONE	MR. JOHN UNGER HAGIERSTOWN MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (e)  DUE TO  Conditions, il eny, which gave rise to immediate cause (e), stating the underlying  DUE TO	ve Cardie Vascula Disease Syss.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  77-45+1960  CURED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20 While Not While et work et work	De. PLACE OF INJURY (Home, ferm, lectory, street, office bldg., etc.) (City or town) (County) (Stele)
21. I certify that (I) (this hospital) attended the deceased from the deceased alive on Fifth 17 1962 and	from Oct 7, 1959, to Ted 17, 1963, that (I) (we) last that death occured an AM, from the causes and on the date stated above
22e. SIGNATURE  Chart P. Courad  22c. PHYSICIAN'S NAME (Type) Robert P. Conrad, 7	M.D. ATTENDING MED. STAFF SIGNED STAFF SIGNED STAFF SIGNED STAFF SIGNED STAFF SIGNED STAFF SIGNED SI
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	TILLE CHURCH CEM. WASHINGTON CO. MD.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE FEB 2 1 '62 CILLIAN & Thomas

Later Comment Robert P. Conra a me 1974 the straighoust Marie To

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02413 CERTIFICATE OF DEATH 02401

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where	daceased livad, If	institution: Resider	nca before a	dmission)
a. COUNTY Wasl	nington	MARYLAND	a. STATE	vland	b. COUN	T.7 .	h d m m d	
b. CITY OR TOWN (if	outsida corporata limits,	c. LENGTH OF STAY IN 16			orporala limits, write		hing1	
	give neerest town)	60	n 2					
d NAME OF HOSPIT	AL OR INSTITUTION (if not in ho	62 years	d. STREET ADDRES	gerst	own		= IC DI	ESIDENCE
		shirar, diva siteat andress)	d. SIREEI ADDRES	33				A FARM?
	ummit Ave			508 S	ummit A	v e	YES	NO .
3. NAME OF DECEASED	First	Middle	Last	4. DATI	Month	Day	Yeer	
	arles Wil	liam De La	uder	DEAT	H Februa	7 200	19	62
5. SEX	6. COLOR OR RACE 7. MARRI		DATE OF BIRTH		9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER	
Male				0=0	last birthdey)	Months Deys	Hours	Min.
10a. USUAL OCCUPATION	***************************************	KIND OF BUSINESS OR INDUSTR	ept. 5, 1	870	91 yrs.	1 12. CITIZEN C	DE WHAT C	CLINITOVA
dona during most of wor	king lifa, even if retired)	WIND OF BOSHALSS OK HADOSIK	II. BIKIMPLACE (CO	ounty or Stele,	or foreign country)	12. CITIZEIN	OF WHAT	CONIKII
Cabinet	Maker	rgan		ville	. Md.			
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME				
John F	H. De Lauder			Dohoo	ca Renne	2 20		
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO. 17. I	NFORMANT	Kenec	Address	3T		
(Yas, no, or unkown) i (If	yas give wer or dates of sarvice)	20-10-3537 Mi	ss Ethel	B De	Landon	Hag.	Ma	
I IR CAUSE OF D	EATH [Enter only one cause per		DD Donor	D. De	Laudel		TERVAL BET	WEEN
DIATI DELTH	WAS CALISTO DY						SET AND	
11 - 1	MMEDIATE CAUSE (0) Arte	eriosclerotic	neart di	Lsease	with	2-	3 yes	ars
470	DUE TO COL	ngestive fail	ure					
Conditions, if any	which (b)							
gave risa lo immadia	te ceuse							
(a), stating the un	derlying							
	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T DELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	10 WAS A	LITOPSY
[ ]	JIONINI CONDINIONO CO	ATRIBUTING TO SEATT BUT NO	TREE TO THE TERM	WILLY DISEAS	it condition div	ELY HAT AKE I(W)	PERFO	RMED?
							YES	NO X
Z PART II. OTHER  200. ACCIDENT WA OR CONTRIBUTING [ If EITHER, NOTIFY]		SCRIBE HOW INJURY OCCURED.	(Enter neture of injury	in Part I or Par	t II of item 18.)			
	MEDICAL EXAMINER)							
20c. TIME OF INJUR	Y Month, Day, Year   20d.		CE OF INJURY (Home, fa		lity or town)	(County)		(State)
Hour a.m.	While two	1401 111110	ry, street, office bldg.,	etc.)				
			010 00	60	Wob 7	60		100
21. I certify th	at (I) (this hospital) atter	ided the deceased from!	12:40	P19.62	o rena	, 1902., 1	that (1) (	we) last
saw the decease	ad alive on Feb.	5 1962, and that	death occured at.	M, fro	om the causes	and on the d	ate stated	above.
22a. SIGNATURE	2/(1/)	0	ATTENDING	MED.	STAFF		22b	. DATE
1	1/1/4.00	М.	Distres W	DIRECTOR	PHYS.	Fe	b. 8	, SIGNED 6
22c. PHYSICIAN'S	1		22d. ADDRESS	7/18	West Wa	abinata	v C+	noot
NAME (Type)	B. B. Kneis	Lev. M.D.				The state of the s		.eet
222 BUDIAL CREMATIC	DN, 23b. DATE THEREOF	23c. NAME OF CEMETERY	DR CREMATORY	123d IC	rstown,	riary 1a	na	tete)
REMOVAL (Specify)					Hagersto			0.07
Burial	2-10-62	Rose Hill						
24 FUNERAL DIRECTOR'		ADDRESS		REC'D BY REG	ISTRAR 25b. REG	GISTRAR'S SIGNA	TURE	
SCOTT F.	Minnich & So	n Hagerstown	, Md . DATE	FER 13	'62 C	Irlhay S. 90	Louis de	
				A Ringhillo V				

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John H. He Lauder

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

U Company						
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Whara daceas		n: Rasidance b	efore admission
WASHINGTON	MARYLAND	a. STATE MAR	YLAND	b. COUNTY	VASHING	TON
b. CITY OR TOWN (if outside corporate li	imits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corporata	limits, writa RURAL	and giva near	est town)
write RURAL and give nearest town)	74 DAYS	X RURAL RO	UTE #2	HAGERST	TOWN	
d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	012 //2	THOUSEON		. IS RESIDENCE
	HOSPITAL				Υ	ON A FARM?
3. NAME OF FI	rst Middle	Last	4. DATE	Month	Day	Yaer
(Type or print)	LIE MONTAGUE	DICK	D. E. W. E. C.	EBRUARY	4	19 62
5. SEX   6. COLOR OR RAG		B. DATE OF BIRTH	9. AC	GE (In years   IF UNDE		UNDER 24 HRS.
MALE WHITE		MARCH 15.190		Months yes.	Deys H	lours Mln.
IDa. USUAL OCCUPATION (Giva kind of w	ork   10b. KIND OF BUSINESS OR INDUST		nty & Steta, or forai		CITIZEN OF W	HAT COUNTRY
done during most of working life, even if ret	construct ion	FREDERICK	COUNTY V	TROTNIA	U.S.	A -
CARPENTER  13. FATHER'S NAME	CONSTRUCTION	1 14. MOTHER'S MAIDEN		11.011.121	0000	
THOMAS JEFFERSON			SHIRLEY	A 4.4		
<ol> <li>WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown)   (Ifyasgivawarordatas)</li> </ol>	ofsarvica)	INFORMANT	DEAL DAY	Address	D COM CS TAI	M
YES WW II	20.02 /20/	RS. LESLIE M	DICK ROU	TE 2 HAGE		
18. CAUSE OF DEATH [Entar only o	A -1.	-	- fam	1		AND DEATH
PART I. DEATH WAS CAUSED BY:		Muchon	nilis		3	400
5 7 X DUE 1	1	-		= 0		. 1
	18 Mar Tagal	en bras	merca	e Colon.	. 4	day
gave rise to immadiata causa	(b) 100 y 000 a	7				
(a), stating the underlying DUE	10	0				
	(c)	DY BELLATED TO THE TERM	INIAL DISEASE CON	IDITION CIVEN IN DA	ADT 1(a)   10 V	WAS ALITOPSY
ART II. GITHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	- 26		PERFORMENT
3 Collinson	our portune	active c	GO GO	7.010	Zy YES	ИО П
PART II. OTHER SIGNIFICANT CON CONTRIBUTING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	H	onle nature or injuly	Part of Part II of j	cognice	deen .	
20c. TIME OF INJURY Month, Day,		ACE OF INJURY (Homa, far		town) (C	County)	(Stata)
20c. TIME OF INJURY Month, Day, Hour a.m.	THE TOTAL THE TO	ctory, streat, office bldg., at	c.)			
	lained lained	19 1124	Let b	201-	62	(1) ( ) 1
21. I certify that (I) (this hos	pital) attended the deceased from	11 6.	10	,		(I) (we) la
saw the deceased alive on	and that	t death occured at	M, from th	e causes and or	n the date	
22a. SIGNATURE	/ / //	ATTENDING	MED.	STAFF		22b. DATE SIGNE
11111115	notons	A.D. PHYS.		PHYS.		
22. PHYSICIAN'	7	22d. ADDRESS				
NAME (Type) RICHARD	r BINFORD M. D.	1135 POT	MAC AVE.	HAGERSTOW	IN MARY	LAND
23a. BURIAL, CREMATION, 23b. DATE TO	HEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town or cou	unty)	(Stata)
REMOVAL (Spacify) BURTAL 2-7-62		CIVERY	BERKELI	EY SPRINGS	WEST	VIRGINI
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	C'D BY REGISTRAF	25b. REGISTRAR	'S SIGNATUR	E
		DET ARTED			0 4	
SUTER-ROUZER FUNERAL	L HOME HAGERSTOWN MAR	TILAND DATE	1 4 '62	a Theat	d. Thous	

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	010 2 4. 0						
1. PLACE OF I	DEATH	H THE WAY	2. USUAL RESIDEN	ICE (Where decessed lived, If institution: b. COUNTY	Residence before edmission)		
	nington	MARYLAND	Maryl		lng ton		
b. CITY OR T	OWN (it outside comorete limits	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporele limits, write RURAL er	nd give neerest town)		
Hage	RAL and give neerest town)	54RS.	X Clear	spring,R#1			
d. NAME OF	HOSPITAL OR INSTITUTION (if not in I	hospitel, give stree eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	ngton Co. Hospi	tal	Western		YES NO		
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year		
(Type or print	WILL TON	Berry	Doub	DEATH Feb.	8. 19 62		
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF UNDER last birthdey)			
Male	White WIDO	WED DIVORCED	Jan, 26, 188		Deys Hours Min.		
10e. USUAL OC		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign country)   12. Cl	TIZEN OF WHAT COUNTRY?		
	Ineer	Retired	Hagersto	wn Wash.Co.Md.	U.S.A.		
	Daniel W Doub		Elt				
15. WAS DECEA	SED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. 1		on Berry			
	own) (If yes give wer or detes of service)				164 D#2		
1:2	E OF DEATH [Enter only one cause po	20-34-0875	Mrs June D	oub Clearspring,	INTERVAL BETWEEN		
		pronary artery o	actuaion wit	h myocardial	ONSET AND DEATH		
	7		COLUBION WILL	iii ooak azaz	40.1		
	12 hour						
	Gonditions, if eny, which geve rise to immediate cause						
	the underlying DUE TO	Hypertensive ar	teriosclerot	cic heart disease	unknown		
ceuse lest.	一						
PART II.	OTHER SIGNIFICANT CONDITIONS C			INAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?		
CAT			ne		YES NO A		
OR CONTRI	ENT WAS UNDERLYING   20b. E BUTING   CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Pert II of item 18.)			
3 20c. TIME (		t- 1	CE OF INJURY (Home, far		unty) (Stele)		
20c. TIME (		hile Not While fact	ory, street, office bldg., etc				
	tify that (I) (this hospital) att	ended the deceased from	an 20	19,62 to Feb 08	2, that (I) (we) last		
saw the	deceased alive on Februar	v 08 19 62 and that	death occured at	AM'M, from the causes and on			
22e, SIGNA		allo Illai		if on the causes and on	22b. DATE		
	ATTENDING MED. STAFF SIGNED						
22c PHYSIC		M	22d. ADDRESS		Feb 09, 190		
	(Type) Archie Robert	Cohen.M.D.		oring, Maryland			
23e. BURIAL. C	REMATION,   23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or coun	ity) (Stete)		
REMOVAL (	Specify)						
24 FUNERAL DI	RECTOR'S SIGNATURE	62 Harper Ce		Harper Ferry			
				1 3 '62 Cirilman S. Th			
Mucrew	K, Coffman Hag	erstown, Maryl	and	13 02			

801SD self to the control of the M. B. II. S. Tr. ballout, as All avote the Line. Vania 18 62 [ 5. for the mile execute of the mile execute 69E) -10 -18 E . Initiation in an interest and in the contraction and a second of the second or the second of SALES VERMENTED THE ALLES OF The state of the s At child section 1 Bellow All to A TT. THE ACT OF BELL AND STORES PRODUCT TO THE STREET LOTTED AND THE CONTRACT PROPERTY OF THE PROPERTY OF T 3.

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10a. don 13.

15. (Yes

CERTIFICATION

MEDICAL

DIVISION	of STATISTICAL	MARITAN SIAIS		OF HEALTH ON STREET, BALTIMO 'H	DRE 1, MARYLAND 02404
LACE OF DEATH COUNTY	Washington	MARYLAND	- CTATE AA	ICE (Where deceased lived, If in b. COUNT	stitution: Residence before admission)  Y  Washington
Rural Rural	outside corporate limits give nearest town Downsville	4½ mos.	03 Hage	(If outside corporata limits, write	
	mor Boardi		d. STREET ADDRÉSS	W. Howard St.	IS RESIDENCE     ON A FARM?     YES NO
VAME OF DECEASED Type or print)	Jacol	b Luther	Eckstine	4. DATE Month OF DEATH Geb.	25 19 62
Male	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Nov. 23, 1875	last birthday)	Months Days Hours Min.
USUAL OCCUPATE during most of wor	ON (Give kind of work king life, even if retired int	106. KIND OF BUSINESS OR INDUST		aton Co.Md.	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	Jacob Ec	kstine	14. MOTHER'S MAIDEN		tzman
No (If	R IN U.S. ARMED FORCE yas giva war or datas of see	rvice)	INFORMANT	Address	ve. Hagerstown, Md.
PART I. DEATH	I WAS CAUSED 8Y: MMEDIATE CAUSE (e)_ DUE TO		4 INFARC	tion/	MM-diffe
Conditions, if any, gave rise to immedia (e), steting the un cause last.	which (b)_				
PART II. OTHER		ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURE	D. (Entar natura of injury Ir	Part I or Part II of itam 18.)	
20c. TIME OF INJUR Hour e.m.	RY Month, Day, Year		ACE OF INJURY (Homa, far ctory, street, office bldg., at		(County) (Stata)
21. I certify th	nat (I) (this hospitaled alive on	attended the deceased from	2/0-/1-	19, to 2/25/6	ind on the date stated above.

ATTENDING

22d. ADDRESS

PHYS.

23c. NAME OF CEMETERY OR CREMATORY

VR A15 (4) 15M 7/61

UNERAL DIRECTOR'S SIGNATURE
Rest Haven Juneral Chapel
West, G. Horst Hagerstown, Md.

M.D.

- young

(Typa)

PHYSIC

230. BURIAL CREMATION, REMOYAL (Specify)

Rose Hill Cemetery Hagerstown
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE FEB 2 8 '62 arthur S. Thous

23d, LOCATION (City, town or county)

STAFF

PHYS.

E. Potomac St. Williamsport, Md.

MED. DIRECTOR

(State)

Md

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Control Notes Constant William 1997 1. Honord St.

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John D. Jours V.D. 101 E. Patama St. Williamsont, Mil.

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Mariah 2/27/62 Pasa Hith Centrary Herenedous 194

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Carried Comments

02417 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Maryland Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown days Rural Boonsboro d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Washington County Hospital Fahrney- Keedy Memorial Home 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Davs Hours WIDOWED DIVORCED T 10/ amale white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) during most of working life, even if retired) Fahrney-Keedy Home Director of Arts & Crafts, Volunteer work Washington County U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward J. Gearhart Margaret Musselman IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Boonsboro, Md. R.D. Mrs. George Kunz. Fahrney-Keedy Home none CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cotse (a), stoting the underlying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESTRIBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18/ MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while ot work ot work 21. I certify that I attended the deceased from 1962, that I last saw the deceased and that death occurred at 1130 AM, from the causes and an the date stated above. ADDRESS (Street, city or town stote) ACTUAL FUNERAL DIRE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Green Hill Cemetery Waynesboro Penna. 0 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur S. France 1SM 9/SS Waynesboro, Pa DATECT 1 3 '62

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Z 1 7 CERTIFICATE OF DEATH

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	AND THE RESERVE OF THE PARTY OF		
		THE REPORT OF A	
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		e V Chan And	
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			Maria de la companio
3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Large Company	
15.640			
17.57	The Wall	AND THE STREET, STREET	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DE CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 02418

CERTIFICATE OF DEATH

X 1 4 4 V	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare daceased lived, If Institution: Residence before edmission)
Washington MARYLAND	a. STATE Md. Washington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 11	
write RURAL and give neerest town)	13 Un complete
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	de Hagerstown de la STREET ADDRESS de la SESIDENCE
Western Maryland State Hospital	205 E. Franklin St.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Elsie Catherine	Geyer DEATH FEB. 27, 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. SATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED X DIVORCED	Sept. 12, 1883   lest birthdey)   Months   Days   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Housesife	Franklin Co., Penna, U.S.A.
13. FATHER'S NAME	Franklin Co., Penna. U.S.A.
Stephen McFerren	Missouri Welsh
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	. INFORMANT Addrass
(Yes, no, or unkown) (Ifyesgive weror dates of service)	iss Ethel Geyer Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, LOBULAR P.	NEUMANIA ONSET AND DEATH
1211	4 000
Conditions, if ony, which ) CEREBRAL 7	MARKARIS
gave risa to Immediate ceusa	17 - 11
(a), steting the underlying DUE TO PERCERNIL 3 - 5	ARTERIOSCLEROSIS UNKNOW.
DIABETES MELLITUS -	PERFORMED?
	RED. (Enter nature of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. P	PLACE OF INJURY (Home, ferm, † 2Df. (City or town) (County) (State)
	factory, street, office bldg., etc.)
Pilli II	m. March 38, 1961, to Feb. 27, 1962 that (1) (w) las
saw the deceased alive on 2	nat death occured a
Autorio U Pella you	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLACASSI	22d. ADDRESS Western Md. State Hospital Hagers town, mary land
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial 3/1/62 Quincy	Franklin Co. Penna.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Walter & Glere Waynesboro,	Penna. DATE MAR 1 '62 arthur S. Krous

- Washington

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Franklin Co. Pence.

Miss Sthel Goyon . Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (124())7 DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 02419

	1. PLACE OF DEAT	H			NCE (Where deceased lived, If i		e before admission)		
IJ		Washington	MARYLAND	a. STATE	rvland b. coun	Washin	ngton		
1	b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give n	eerest town)		
	William	nsport	30 yrs.	X W1111	amsport				
	d. NAME OF HOSP	PITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRES			e. IS RESIDENCE		
	106 SArti	izan Street		106 S. A.	rtizan Street		YES NO		
	3. NAME OF	First	Middla	Lest	4. DATE Month	Day	Year		
	(Type or print)	Annie E	Broaddus G	Lascoe	OF DEATH TO L	7.1.	19 62		
	5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR	19 62 IF UNDER 24 HRS.		
	Female		WED DIVORCED X	NOT Know	UM ABJAST bightday)	Months Days	Hours Min.		
	10s. USUAL OCCUPA	TION (Give kind of work   10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Con	unty & State, or foreign country)	12. CITIZEN O	WHAT COUNTRY		
	House	wife even if retired)	Home	Luray V	a.	U.S.A	1		
	13. FATHER'S NAME			14. MOTHER'S MAIDE					
1	( And	drew Bros	iddus	Lu	cy Sowers				
1		VER IN U.S. ARMED FORCES? (If yes give wer or dates of service)	16. SOCIAL SECURITY NO. 17	. INFORMANT	Address	M	aryland		
	No		none J	ackey Broad	dus Princess	Anne .	RFD #1		
	18. CAUSE OF	DEATH Enter only one cause	er line for (a), (b), and (c).]	, 101	7 /		SET AND DEATH		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	c. buy Acan	did duto	not ou	1//	WildiA!		
	4	DUE TO							
	Conditions, if an	y, which ) (b)							
F	gave rise to imme-	diate cause		1					
\$	(a), stating the cause last.	underlying				VI S			
1	Z PART II. OTH	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	EN IN PART 1(e)   1	. WAS AUTOPSY		
	OLIV					,	PERFORMED?		
27	E 20a. ACCIDENT V	WAS UNDERLYING   2Db.	DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury i	in Part I or Part II of itam 18.)				
9	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)							
	20c. TIME OF INJ			PLACE OF INJURY (Home, fa factory, street, office bldg., e		(County)	(Stete)		
	Hour e.m.	at at	work at work	/ /		/,			
	21. I certify	that (I) (this hospital) At	tended, the deceased fro	m 2/14/1	219 , to 2/14/	£2-19 , tl	hat (I) (we) las		
		ased alive on 2//			A.M. from the causes	and on the da	te stated ebove		
	22e. SIGNATURE		1		/		/ 22b DATE		
	6.01	1 Home or		M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	7/1	SIGNED		
	22c. PHYSICIAN	so I young		22d. ADDRESS		0/1	15		
	NAME (MYD	(e)							
		TION, 236. DATE THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City, tov	wn or county)	(Stete)		
	REMOVAL (Specific Burial	Feb. 16-62	Riverview	Cemeterv	Williamspo	ort Md.			
	24 EUNERALDOIRECTE		ADDRESS	25a. R	1	GISTRAR'S SIGNAT	TURE		
	allert	Leaf	Williamspor	rt, Md.	EB 1 9 '62 a	Thur S. Krau	v6-		
		//		PAIL					

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02420 CERTIFICATE OF DEATH 02403 02408

	CLACE OF DEATH L COUNTY WASHINGTON MARYLAND	a. STATE	CE (Where deceese YLAND	d lived, If institu b. COUNTY	VASFII	.70 -00	dmission)
	o. CITY OR TOWN (if outside corporate limits, write RURAL and pive peacest town)  11 MOS.	c. CITY OR TOWN (	If outside corporate	limits, write RUR		0 2 0	n)
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 415 GUIL	FORD AVE	G.		ON	A FARM?
	NAME OF First Middle DECEASED Type or print)  MILDRED GAYNELL	GOETZ	4. DATE OF DEATH	Month FEBRUA	ARY Dey	12 <sub>19</sub>	
5.	FEMALE   WHITE   WIDOWED   DIVORCED     8	10/26/19	last	birthdey) Mor	NDER 1 YEAR	IF UNDER Hours	24 HRS. Min.
do	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  HIUSEWIFE FATHER'S NAME  HABRY C. SRINGEB	MARYL.	AND		2. CITIZEN O	S.A.	OUNTRY?
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (5. no.) on unkown) [(If) yes give war or deles of service)			Address H /	GERST MD.	OWN	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b)  DUE TO  Conditions, if any, which gave rise to immediate cause (e), stehing the underlying cause lest.	lized 1	netas,	4,5,15	ON	2 n	n O.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFO	NO
MEDICAL O	20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   20a. PLA	CE OF INJURY (Home, farm ory, street, office bldg., etc		own)	(County)		(State)
	21. I certify that (I) (this hospital) attended the deceased from 11-25, 19-2 to 2-12, 19-2 that (I) (we) last saw the deceased alive on 2-12 19-2 and that death occurred as pM, from the causes and on the date stated above.						
	Or Wy-y-	.D. PHYS.		AFF IYS.	2-14	226	DATE SIGNED
-	22c. PHYSICIAN'S NAME (Type) Charles F. Hess M.	22d. ADD RESS	tholm	160	mes	/	tete)
	BURIAL (Specify) 2/15/62 ROSE HIL	T 637708	HAG]	ERSTOW	N MI	D.	1010)
24	FUNERAL DIRECTOR'S SIGNATURE HEGES OUR	THE DATE	FEB 1 6 '62	25b. REGISTE	hun S. Hu		

20180 Bris Millian . Mil to Candy age A THE RESERVE TO SERVE THE PARTY OF THE PART and the second s Management Than a little of the later

funeral 24 hours after the death certificate be executed within Pages filled TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed vecation.

JOEUNERAL D. TOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

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# 72 hours afte

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

112427	CERTIFICATE	OI DEATH		02409
1. PLACE OF DEATH		2. USUAL RESIDENCE	(Where decessed lived, If institution	Residence before edmission)
a. COUNTY		a. STATE	b. COUNTY	
Washington	MARYLAND	Maryland	washing to:	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RURAL e	end give neerest town)
Hagerstown	2 Weeks	03 Hagers	town	
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
		100 111		ON A FARM?
360 Nottingham Road		418 Mitch		YES NOX
3. NAME OF First DECEASED	Middle	Lest 4.	DATE Month OF	Dey Yeer
(Turns on maint)	DADALENE GO	WER	DEATMeby 22 196	2 19
550			9. AGE (In years   IF UNDER	
7. MAKK	X X X CALL WARRIED		last birthday) Months	
Female   White   widow		arch 17 1906		
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY?
Housewife (	Own Home	Eakles Cr	oss Rd Wash Co	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	THE PART OF THE PART OF		-	
John Montgomery		Nanni	e Wade	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 (Yes, no, or unknown) [(Ifyesgive were detes of service)]	S. SOCIAL SECURITY NO. 17. 11	NFORMANT	Address	
No 21	4.09-4416 Ha	rry H. Gowe	r 418 Mitchell	St
18. CAUSE OF DEATH [Enter only one ceuse per		Hagerstow		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (e)	you that	topulat	in	10 m
72 × 0 DUE TO	^			
Conditions, if any, which \ (b)	like in cle	atake He	art deson	2 miles
geva rise to immediate cause	7.0.	0.		
(e), steting the underlying DUE TO				
ceuse lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	A) 10.0	n. 00, Ann		YES NO NO
200. ACCIDENT WAS UNDERLYING     20b. DE	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part	Lor Part II of item 18 \	1
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJOK! OCCORED.	(Lines neither of injuly in ten	of roll if of hom roll	
0		CE OF INJURY (Home, ferm,	20f. (City or town) (Co	ounty) (State)
Hour a.m. Whi	ork et work	ory, street, office bldg., etc.)		
		1 50	C 7/2 25	/ 5
21. I certify that (I) (this hospital) atte	nded the deceased from	Aug 1 9 19.		4.2, that (I) (we) last
saw the deceased alive on	19.67 and that	death occured at 12.	Wfrom the causes and on	the date stated above
22a. SIGNATURE	~			/ 22b. DATE
(A) 0)  -		ATTENDING MED	CTOR PHYS. 7 2/	SIGNED
Jane Hur	M.	22d. ADDRESS	CIOK   FILLS.   Z	23/62
22c. PHYSICAN'S NAME (Type)			tames Ot II-	L 1/17
Paul Harrison, M.	D.	)10 N . FC	otomac St., Hagers	town, Ma.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 12	23d. LOCATION (City, town or cou	inty) (State)
REMOVAL (Specify)	-		Un manatama Wa	N - N -
Burial   2/25/62	Rest Haven		Hagerstown Wa	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D	BY REGISTRAR 256. REGISTRAR"	S SIGNATURE
Andrew K. Coffman Ha	gerstown Md.	DATEFER	26'62	PK.
Andrew K. Coffman Ha				

6,000 310733353 Charles I Color Terror of the property of the St. The St. and the same of the same of the same many see and the second olds a. colomo at. Phrenatom, Mr.

Argree K. Cortain Hayers to m Ld.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	02422	CERTIFICAT	TE OF DEAT	H	02410
	PLACE OF DEATH L. COUNTY Washington	MARYLAND	- STATE	CE (Where deceased lived, If institution b. COUNTY	Washington
1	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, writa RUI	
1	Rural Sharpsburg  d. NAME OF HOSPITAL OR INSTITUTION (IF not In he	ll yrs a	d. STREET ADDRESS	rpsburg	IS RESIDENCE     ON A FARM?
	Sharpsburg RFD #1		Sharpsbur		YES NO X
	(Type or print)  John	Baniel	Gray	4. DATE Month OF Peb.	1 19 62
	5. SEX Male    6. COLOR OR RACE   7. MARR   White   widow		Dec. 15 19	108   Sar birthday) Mo	INDER 1 YEAR IF UNDER 24 HRS. On this Days Hours Min.
	done during most of working life, even if retirad)	kind of Business or industr rplanes	Marylane		12. CITIZEN OF WHAT COUNTRY?  U.S.A
	3. FATHER'S NAME Walter Gray		Mammie		
-		SOCIAL SECURITY NO. 17.		Address	
1	(a), stelling the underlying cause last.			O-Vascular di	
- Indiana	PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED	e, (Enter nature of injury In	Part I or Part II of item 18.)	113   NO
	20c. TIME OF INJURY Month, Day, Year 20d Whi Porm. 19	leNot While fact	CE OF INJURY (Homa, fari ory, street, offica bldg., atc		(County) (State)
	21. I certify that (I) (this hospital) atte				7
	228. SIGNATURE LES	heary -	.D. PHYS.	MED. STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Walter H. S	healy M. D.		psburg, Md.	Feb. 4, 1
154	REMOVAL (Specify) Bursal Feb. 5-62	Mt. View Ce		Sharpsburg	
	A SHIPPRAN DIRECTOR'S SIGNATURE W	lliomaport	MA 25a. REDATE	C'D BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE
-					The state of the s

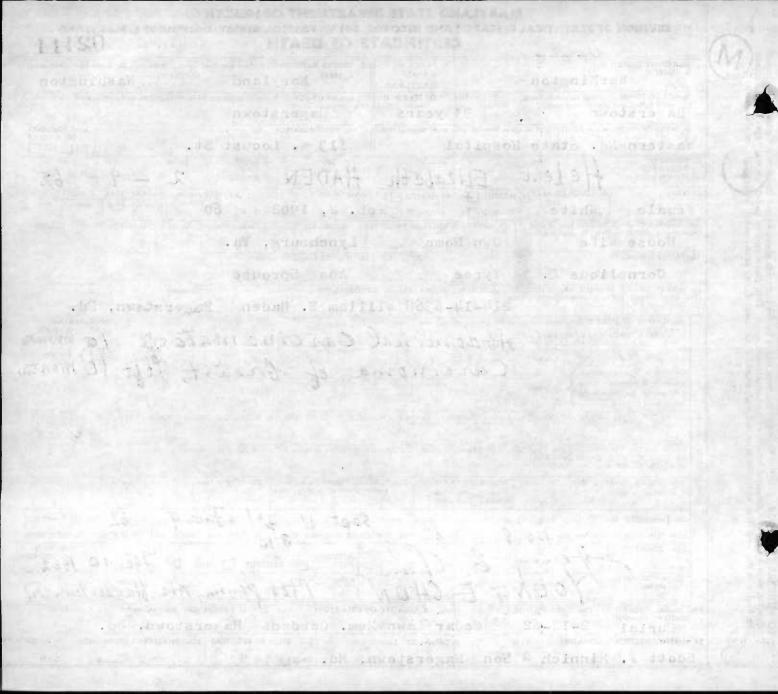
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may 25 retained by the hospital or attending physician.

TO FUNERAL D. CIOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove captors pages? Pages 1 And 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA  () 2) 4 7 3 CERTIFICATE OF DEATH	RYLAND 02411
1. PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, If institution: Reside	ence before edmission)
a. COUNTY Washington b. COUNTY Wast	hington
A CASTON A METATON	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CFTY OR TOWN (If outside corporate limits, write RURAL and give	e neerest town)
Hagerstown 35 years 13 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Wastern Md. State Hospital 113 N. Locust St.	YES NO
3. NAME OF DECEASED (Type or print) Helen Elizabeth HADEN DEATH 2 - 9	- 1962
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX  Female White WIDOWEO DIVORCED Feb. 2, 1902  9. AGE (In years   If UNDER 1 YEAR   Months   Deys   Months   Months   Deys   Months   Months   Deys   Months   Month	R IF UNDER 24 HRS. Hours Min.
House Wife Own Home Lynchburg, Va.	OF WHAT COUNTRY?
13. FATHER'S NAME	
Cornelious B. Tyree Ada Sprouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (ffyesgive werordeles of service) 214-14-6368 William E. Haden Hagerstown,	Md.
PART I. DEATH WAS CAUSED BY: Abdominal Carcino matosis	nterval Between poset and Death o month
Conditions, if eny, which gever rise to immediate cause (e), steting the underlying cause lost.  (c)	1 C minegs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH  If Either, NOTIFY MEDICAL EXAMINER!	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.  p.m.  Month, Dey, Yeer Work 19 20d. INJURY OCCURRED And Month, Dey, Yeer Work 19 et	(State)
21. I certify that (I) (this hospital) attended the deceased from 5.0 ft., 19.6, to 7.6, to 7.6, saw the deceased alive on 7.6, 9	
220. SIGNATURE GREAT & Chan M.D. ATTENDING MEO. STAFF Teb.	10.1962
22c. PHYSICIAN'S YOUNG E CHUN 22d. ADDRESS Penna. Are Hage	ess town Mel
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or court) REMOVAL (Specify) Burial 2-12-62 Cedar Lawn Mem. Gardens Hagerstown, Md	(State)

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstown, Md. DATES 13'62 Cirches S. Thous



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may for retained by the hospital or attending physician.

TO FUNERAL DIS TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 may 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19421.

CERTIFICATE OF DEATH OOR 40

1	TO MENT	0.6312						
N	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission)						
4	». COUNTY WASHINGTON MARYLAND	. STATE MARYLAND B. COUNTY WASHINGTON						
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town)						
ı	HAGERSTOWN 3 DAYS	X BOONSBORO						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE						
١	WASHINGTON COUNTY HOSPITAL	22 MAIN STREET  ON A FARM? YES \( \sum \) NO \( \sum \)						
I	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer						
ı	(Type or print)  SPENCER  THOMAS	HALT DEATH FEBRUARY 1 19 62						
	5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
		JANHARY 18,1893 lest birthdey) Months Deys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST							
	done during most of working life, even if retired)							
	PAINTER SELF EMPLOYED  13. FATHER'S NAME	ENGLAND U.S.A.						
	HENRY HALL  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	KATHLEEN DUNN						
	(Yes, no, or unkown)   (Ifyesgive war or detes of service)	2)) ItEIOIBHI IOAD						
	NO 056-10-3982A MR							
	18. CAUSE OF DEATH (Enter only one couse per line lor (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
	IMMEDIATE CAUSE (a) Frevorell	votice with decompensation 4 days						
	TJO DUETO	11 1 -11-						
	Conditions, if any, which (b) Cornella	Uromotopsis I kours						
	geve rise to immediate cause							
	cause lest. (c)	[4], starting the underlying						
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY						
	OIL CONTRACTOR OF THE CONTRACT	PERFORMED?						
	2De. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part I or Pert II of item 1B.)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  2D0. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH  I [F EITHER, NOTIFY MEDICAL EXAMINER]							
		ACE OF INJURY (Home, Ierm, 1 2Df. (City or town) (County) (State)						
	Hour a.m. While Not While	ctory, straet, office bldg., etc.)						
		An a se 30 12 Stack 1 13						
	21. I certify that (I) (this hospital) attended the deceased from	January 30, 1962, to Ville 1, 1962, that (1) (we) last						
	saw the deceased alive on fundant, 3 1964, and the	death occured at I.M.M., from the causes and on the date stated above						
	22a. SIGNATURE	ATTENDING MED. STAFF 272 SIGNED						
		M.D. PHYS. DIRECTOR PHYS.						
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS						
	Gerald W LeVan M. D.	Boonsboro Maryland						
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	CREMATION 2-3-62 GARDEN STATE	CREMATORY NORTH BERGEN NEW JERSEY						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	TYON'S WINERAL HOME WESTWOOD NEW JERSEY	DATE 7 62 Outling & Times						

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02413

1. PLACE OF DEATH			2. USUAL RESIDENCE			ca before admission)
a. COUNIT	Washington	MARYLAND	a. STATE Marvla	b. COUN	Washin	aton
b. CITY OR TOWN (i	f outsida corporata limits,	c. LENGTH OF STAY IN 16		utside corporate limits, writa		
writa RURAL and	give nearast town)	m7	/			
Hagersto		/ / Hrs.		k Maryland		1 10 0000000000000000000000000000000000
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in	hospital, give straat addrass)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	n County Ho		N.Penna.			YES NO
3. NAME OF DECEASED	First	Middla	Last 4	DATE Month	Day	Year
(Type or print)	Lafayet		Herbaugh Jr	DEATH 2	19	1962
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)		IF UNDER 24 HRS.
M		OWED DIVORCED	4.6.1926	35 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATI done during most of wo	ON (Give kind of work   10 rking life, even if ratirad)	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
Store Mar	ager	Clothing	Moorefield	W.VA.	U	.S.A.
Tofo	vette Herba	nah Sn	Maude Fol	+		
15. WAS DECEASED EV	K IN U.S. ARMED FORCES?		INFORMANT	Address		X. T. L. T.
Yes	11	235.32.6428 N	rs Nita K He	rhaugh Han	cock Md	
	EATH Enter only one cause	par lina for (a), (b), and (c).]	1 1	1 bungit man	INT	ERVAL BETWEEN
	H WAS CAUSED BY: 7/1	ypeardial in	polion			12 hours
4	DUE TO /	1		Λ .		
Candidana is an	(	manay sol	unimed ald	and record		
Conditions, if any gava risa to immadi	(0)	over y occ	access our c	met 1		
(a), stating tha u	DITE TO		100	3	1	42m1-
causa last.	) (c) (	trongily ar	anosconsi			pro co
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING O DEATH BUT I	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
E E						YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  3Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  3Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  3Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)						
		2Dd, INJURY OCCURRED   2De. P	LACE OF INJURY (Home, farm, )	20f. (City or town)	(County)	(State)
20c. TIME OF INJU	1		actory, straet, offica bldg., atc.)	Zui. (City of town)	(County)	(Sidile)
21. I certify t	hat (I) (this hospital) a	ttended the deceased from	Febr 19, 19	61, to Febr	19 1962,1	hat (I) (we) last
	ed alive on Febr	19 1962, and th				
22a. SIGNATURE	1d 0	0	ATTENDING MED	o STAFF		22b. DATE SIGNED
1 Joan	.C. Start	il	M.D.	ECTOR PHYS.		
22c. PAYSICIAN'S NAME (Typa)	10		22d. ADDRESS			
	John C Star	iffer 145 S.P.	rospect St.H.	agerstown N	[d.	
23a. BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DATE THEREOF	23c. NAME OF CEMETER	Y OR CHANNEL Y	23d. LOCATION (City, tov		(Stata)
Burial	2.21.62	Rest Haven		Hagerstown	Washin	gton Md.
24 FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 256. REC		
Howar	It Hem	2 Hancola	md DATE FEL	3 2 3 '62	Wilmer S. the	u.s
	7	/1				

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02426 CERTIFICATE OF DEATH

	06350	OLK!!!!OA	il oi blai		OWILI		
1. PLACE OF DEAT	н		2. USUAL RESIDEN	CE (Where deceased lived, If in	nstitution, Residence before edmission		
a. COUNTY	ashington	MARYLAND	. STATE Mari	yland b. COUNT	Washington		
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	RURAL end give neerest town)		
1.	d give nearest town)	37 urs	13 Hag	erstown			
		In hospital, give street eddress)	d. STREET ADDRESS	COSCOWIL	e. IS RESIDENCE		
	10 N. Prospect		210	N. Prospect St.	ON A FARM?		
. NAME OF	IV IN-Prospect	Middle	Last	4 DATE Month	Day Year		
(Type or print)	Dewey	Sly	High	OF DEATH Gebrua			
5. SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED	3. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.		
Male	White wi	DOWED DIVORCED A	pril 1,1898	63 yrs.	Months Deys Hours Min.		
On. USUAL OCCUPAT	TION (Give kind of work	106. KIND OF BUSINESS OR INDUST		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY		
Condu	ctor	Pennsylvania R.R.	Martins	burg. W. Va.	USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Abram	Haram Hi	gh	Anna 9	ranklin			
	/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Hagerstown, Md.		
No	is has dive metor deles or servic		s. Doris Spoor				
The state of the s	DEATH  Enter only one caus	e per line for (e), (b), end (c).			INTERVAL BETWEEN		
PART I. DEAT	TH WAS CAUSED BY:	Calaria H	0 1		ONSET AND DEATH		
IMMEDIATE CAUSE (6) Colored Thursday							
DUE TO							
Conditions, if engagere	10/	The section	مدم				
(a), stating the u	(a), stating the underlying DUE TO						
cause last.	) (c)						
PART II, OTHE	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(e) 19. WAS AUTOPSY PERFORMED?		
\$	1	Ir onelen.	Cottesa		YES NO		
OR CONTRIBUTING	AS UNDERLYING 2016 CAUSE OF DEATH (MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	), (Enter neture of injury in	Pert I or Pert II of item 18.)			
20c. TIME OF INJU	JRY Month, Dey, Year		ACE OF INJURY (Home, ferm		(County) (Stete)		
20c. TIME OF INJU Hour e.m. p.m.	19	While Not While fac et work et work	tory, street, office bldg., etc.	)			
21. I certify i	that (I) (this hospital)	attended the deceased from.	1959	19 10 1962	, 19, that (I) (we) las		
saw the decea	sed alive on	019.61., and that	death occured at	P.M. from the causes a	and on the date stated above		
228. SIGNATURE	M	11 . 11	4 775 101110	AFP CTAPP	22b, DATE		
	toure	1 West West		AED. STAFF	2/5/62		
22c. PHYSICIAN'S			22d. ADDRESS		-1714-		
NAME (Type	Howard N.	Weeks, M. D.	136 N.	Potomac Stre	et		
3a. BURIAL, CREMAT		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)		
REMOVAL (Specify)	2/7/62	Rest Haven	Cemetery	Hagerstown	Md.		
4 FUNERAL DIRECTO		ADDRESS	25a. REC	D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE		
Rest How	en Juneral Ch	apel Hagersto	wer, Md. DATE F	EB 8 '62 C	ethur S. Flores		
.,\050,\000	0	10	TOTAL PARTY				
W	lee. C.	Horo X					

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Combination Commenter Companies (1976)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02415 09197

N					
	1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Resides. STATE Maryland b. COUNTY Wash			
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  2 weeks	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  Rural Williamsport			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Washington County Hospital	d. STREET ADDRESS Route 2	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF First Middle (Type or print) William Franklin H	Lest 4. DATE Month De OF DEATH February	1 19 62		
	5. SEX    6. COLOR OR RACE   7. MARRIED   X NEVER MARRIED   B.    Male   White   WIDOWED   DIVORCED   No	DATE OF BIRTH  9. AGE (In yeers lest birthdey)  15. 1910  9. AGE (In yeers   IF UNDER 1 YEAR)  Months Deys	R IF UNDER 24 HRS.		
1	Store owner Grocery  13. FATHER'S NAME	Hagerstown, Md.  14. MOTHER'S MAIDEN NAME			
	William H. Horn  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	C. Blanche Horn			
	(Yes, no, or unkown)   (Ifyesgivewerordetesofservice)	6. Ethel Horn Williamsport	Rt. 2		
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)		MITERVAL BETWEEN ONSET AND DEATH		
	Conditions, if eny, which (b) Gowby haphra geve rise to immediate cause (e), stating the underlying cause last.  (c)	tis	yara		
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury In Pert I or Pert II of item 18.)			
		CE OF INJURY (Home, ferm, 2Df. (City or town) (County) ry, street, office bldg., etc.)	(Stete)		
	21. I certify that (I) (this hospital) attended the deceased from 1961, to 1961, to 1961, that (I) (we) last saw the deceased alive on 1961, and that death occurred at 1961, from the causes and on the date stated above.				
	220. SIGNATURE Aleres M.		22b. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type) Dr. J. D. Wilson	135 North P tomac Street, Hager	stown, Md.		
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL SPECIAL PROPERTY CONTROL		(Stete)		
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN			
	Scott F. Minnich & Son Hagerstown	7, Md. DATEFER 6 '62 Without & the	aud .		

the funeral ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 may 52 retained by the hospital or attending physician.

TOFUNERAL DIX 10R: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages it be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 15M 9/60

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Mrs. Sthot Ford Williamsnort C. C.

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Scott E. Minnich & Son Harerstown, Mc. William Co.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 02428 Reg. Dist. NJ.2416 with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Maryland Washington b. COUNTY Washington MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) day Dargan Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Shinham Road Washington County Hospital NAME OF Middle 4. DATE Month DECEASED OF DEATH HOUSER TESSE HERMAN (Type or print) February IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years completely last birthday) Months White Male WIDOWED | DIVORCED T March 8 popers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) Engle. West Va. Train Crew pup Flagman Ret. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Jane Hanes Jacob Tilghman Houser remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Elizabeth Hodrser aftending Harpers Ferry. West No 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] ā Severe epistaxis with shock PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Generalized arteriosclerosis permit. ony Conditions, if any, which has been signed gave rise to immediate XDMEXIC cause (a), stating the under-Pulmonary Abscess of R U Lobe. puo lying cause last. burial-transit PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, Pulmonary emphysema and Benign Prostatic hypertrophy. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) q. fl. Not while at work at work 1956 21. I certify that I attended the deceased fram ., 19\_\_\_\_that I last saw the deceased and that death accurred at 3:10PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) TO FUNERAL DIRECT ACTUAL 3 should the registror PHYSICIAN'S Sharpsburg, Md. Walter H. Shealv M. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

hours

PERFORMED?

YES X NO

(State)

(State)

27

Va.

26

(County)

24b. REGISTRAR'S SIGNATURE

Samples Manor Cemetery Samples Manor,

DATE MAR

240. REC'D BY REGISTRAR

HAPPERS Ferry,

West Va

IISA

ON A FARM?

YES NO IX

19 02

poge VS A15 (4)

REMOVAL (Specify)

EUNERAL DIRECTOR'S SIGNATURE

Buria

# MARYLAND STATE DEPARTMENT OF HEALTH-BACTIMORE

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	THE RESERVE OF THE PARTY OF THE	A CONTRACTOR OF THE CONTRACTOR
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NOT THE PROPERTY OF STREET AND ADDRESS OF STREET		
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VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02429 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaased lived, If Institution Residence before edmission)
o. COUNTY Wash, MARYLAND	o. STATE Pa. b. COUNTY Franklin
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR OWN (If outside corporete limits, write RURAL end give naarast town)
Planal - Haven Tour	Kouzerville 75x.3
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. SEREST ADDRESS  o. IS RESIDENCE ON A FARM?
Gateway Nursing Home	KOUZERVILLE, A. YES NO K
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
(Type or print) HARRY E.	12ER DEATH TUG, 27, 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Jost birthday   Months   Deys   Hours   Min.
WIDOWED DIVORCED	11111880 82.
100 JUNE OCCUPATION (Eve kind of work do during most of working his eyen if retired)	Y 11. ORTHPLACE (County & State, or foreign county) 12. CITIZEN OF WHAT COUNTRY?
Kennes turner turn	trankin Co. 19. (1.5,7)
13. FATHENS NAME R SEE	14. MOTHER'S MAIDEN NAME
Heo. D.	Sad Swigor
15. WAS PEEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NEGRMENT 224 West Side Ave
210-26-3318	afford ozer - Hagerstown, ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSE, AND DEATH
IMMEDIATE CAUSE (6) CHULLE CO	raise Talline suday
DUE TO PO	End read to 240
Conditions, if any, which gave rise to immediate cause	chuo caracia a que.
(a), stetling the underlying DUE TO	Brondered (Asthree 3400h
ceuse lest.  Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED? YES NO 🔀
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
p,m, 19 et work at work	
21. I certify that (I) (this pospital) attended the deceased from	
say the deceased alive on Teles 1962, and that	death occured and my frem the causes and on the date stated above.
27. SIGNATURE	ATTENDING MED. STAFF 0 22b, DATE
Maria Criwer M	D. PHYS. M DIRECTOR PHYS. L
22. PHYSICIAN'S NAME (Type) David R. Brewe	T Clear Spring Md.
	OR CREMATORY 23d. LOCATION (City, town or county) (Stote)
REMOTS (Specify) 3/2/62 Green He	el waynes vors, (4.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
a.G. Nfunnich - Welness	DATE MAR 5 62 Curling S. Kraus

5 ( 50 and the second The state of the s Person Hages land ALERS ELECTIVE the house the sing thought at the second the second The Part of the Pa 1111/1820 80 to but from Function of the Market at the first the confidence of the first that the confidence of the same of the sa EDEVILLE BEEVET E TEN LAKERING TO D. spiles of the same of the same of the a the many of the second of the second TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 may 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND DEATH

	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institutions R	esidence before edmission)			
	Washington	MARYLAND	a. STATE b. COUNTY				
-	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	Maryland Washington c, CITY OR TOWN (If outside corporete limits, write RURAL and	give neerest town)			
	write RURAL and give neerest town)	A Vma	12 Hamanatawa				
-	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if n	4 Yrs	d. STREET ADDRESS	e. IS RESIDENCE			
		or in nospiiai, give sireer address)		ON A FARM?			
	907 Mulberry Ave		907 Mulberry Ave	YES NO			
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month	Dey Yeer			
	(Type or print) JOSEPH	MARSHALL	J 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	162 19			
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.			
1	Male White	WIDOWED DIVORCED C	et 25 1883   last birthdey   Months   Months   1	Jeys Hours Min.			
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or to sign country) 12. CITI	ZEN OF WHAT COUNTRY?			
	R. R. Machinist	Retired	Harlansburg Mercer Co	USA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
1	Dr Homer Jacks	son	Alice Cross				
X	15. WAS DECEASED EVER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Address				
	(Yes, no, or unkown) (If yes give war or dates of serv	Rev	womer J. Jackson 907 Mulb	erry Ave			
	18. CAUSE OF DEATH [Enter only one ce	ouse per line for (e), (b), end (c).]	Hagerstown Md.	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:						
	IMMEDIATE CAUSE (8)						
	Conditions, if eny, which ) (b) Arterio sclerotic Cardiovascular Disease 5 yrs						
	geve rise to immediate ceuse (						
	(a), stating the underlying DUE TO						
	cousa last. (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY						
	PERFORMED? YES TO NO TO						
	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  200. ACCIDENT WAS UNDERLYING  200. CONTRIBUTING  200. CAUSE OF DEATH 200. IFF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIPT HOW INHIBY OCCURED	(Color patrice of Injury in Post I or Post II of Stem 19.)	YES NO			
	20e. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
1	20c, TIME OF INJURY Month, Day, Year Hour a.m., 19	2Dd. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (Cour	nty) (Stete)			
1	Hour a.m. While Not While factory, street, office bldg., atc.)						
	21. 1 certify that (I) (this hospital) attended the deceased from 1-22, 1962 to 2-11, 1962, that (I) (1) last						
	saw the deceased alive on						
	22e. SIGNATURE		ATTENDING MED. STAFF	22b. DATE SIGNED			
	C- M. Hers	M	DIRECTOR PHYS.	2-12-62			
	22c. PHYSICIAN'S NAME (Type) P L L		Smithsbrig, Mc				
	C.F. //C.	92					
	23e. BURIAL, CREMATION, 23b. DATE THEREC	DF 23c. NAME OF CEMETERY					
	Burial 2/15/62	Greendale Ceme	etery Meadville Crawfor	- 00 - 0			
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S				
1	Andrew K. Coffma:	n Hagerstown Md	DATE FEB 1 5 '62 Gathur &	Trees			
1.4							

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Correspondence

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BO DEDINESSO BILLYDOO

ADGEOR S. Poline a Hagge Covered

FOR STATE HEALTH DEPT. N TO DEPUTY NEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pecessary, please execute the filticate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire to pencil a should be forwarded to the Chief Medical Examiner's Office along with form PMA-Rage 5 may be retained for year tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

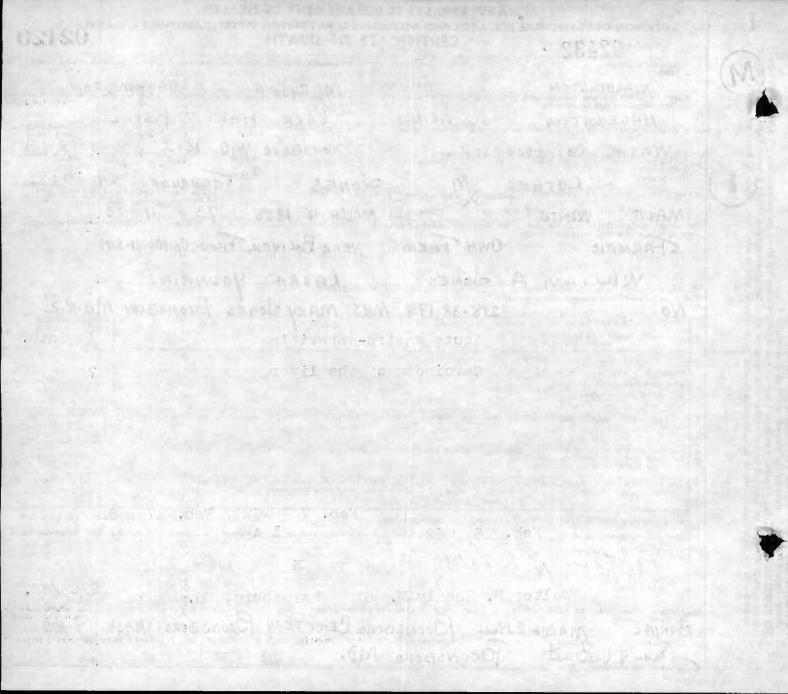
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02431 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF	DEATH		2. USUAL RESIDEN	CE (Where decessed lived, If in	stitution: Residence	betore edmission)	
e. COUNTY			e. STATE	b. COUNTY	Y		
Wach	ington	MARYLAND	maryland		hington		
b. CIT OK write RU	OWN at outstde corporete limits, RAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write i	00	serest town)	
Hagers	town Md HOSPITAL OR INSTITUTION (if not in he	60 yrs	Hagersto	own Maryland	03	e. IS RESIDENCE	
d. INAME OF	HOSPITAL OK INSTITUTION (II III) III III	ospilal, give silver occioss,	<u></u>			ON A FARM?	
	W Church Street		30 w ch	nurch street		YES NO	
3. NAME OF	First	Middle	Lest	4. DATE Month	Day	Year	
DECEASEI (Type or prin	†)	Bombho	Tomon	DEATH Feb	28	1962	
5. SEX	6. COLOR OR RACE 7. MARR	Bertha	J Ones	9. AGE (In years   II	F UNDER 1 YEAR	IF UNDER 24 HRS.	
J. JEK	7. MARK	HED WEVER WARRIED	•	1 . 1 . 1 . 1	Months Deys	Hours Min.	
Female	Colored   WIDOW		ov 25 1899	62 yrs.			
10e. USUAL O	CCUPATION (Give kind of work   1Db.   osl of working life, even if retired)	KIND OF BUSINESS OR INDUST				WHAT COUNTRY?	
House		wn home	Middleto		USA		
-			Catherin				
	ASED EVER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO. 17.		Address			
	own) (If yes give wer or deles of service)	nana Ma	a Hootmie	Davis Hage	rstown.	N/A	
no	E OF DEATH Enter only one cause per	none Mr	s. Beatrice	s navita mage	INTE	RVAL SETWEEN	
	I. DEATH WAS CAUSED BY:	1000 0000	-: One - TP	· · · · · · · · · · · · · · · · · ·	ONS	SET AND DEATH	
3	SART. DEATH WAS CAUSED BY: Orlehal Orlawseless & Munitoses &						
	DUE TO 0 -+ A						
Conditions	Conditions, if eny, which (b) malhullullar						
-	immediate cause				1000		
	(e), steting the underlying						
	. OTHER SIGNIFICANT CONDITIONS CO	DUTDIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(e)   19	WAS AUTOPSY	
PART I	I. OTHER SIGNIFICANT CONDITIONS CO	NIKIOUTING TO BEATT BOTT	OT REENTED TO THE TERM	THE PIDENCE SONDINON SIVE		PERFORMED?	
[3]					Y	ES NO	
PART I	or CONTRIBUTING [	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pe	ert I or Pert II of Item 18.)			
ZOc. TIME	OF INJURY Month, Day, Year   200	I. INJURY OCCURRED   200. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(County)	(State)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 4 work et work et work et work							
	rtify that I took charge of the re		eld an Autonsy .	Inspection . Inquiry	n and	in my opinion	
	<u></u>	-/ -	party				
death re	sulted from: Natural causes	Accident, Sui	cide, Homicide		miner [		
	/	1,0	CHIEF MEDICAL	EXAMINER [			
ACTUAL		estalus.	M.D. ASSISTANT ME	DICAL EXAMINER	D	ATE SIGNED	
10000		7		AL EXAMINER	21	1110	
EXAMIN NAME (		eks. M. D.	Address (Street	city, town, or county)	21	2102	
22e. BURIAL, C	REMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town,	or country)	(Slete)	
Burial War 3 1962 Kose Hill Cemetery Hagerstown Md.							
23. FUNERAL		KOSE Hill Ce	1240. RE	C'D BY REGISTRAR   246. REGIS	TRAR'S SIGNATU	RE	
SEP	R111+ 0 11	7 9.1		p 6 '62   Clark	-04.		
Jam	11 Wolson Je NA	whistown mo	J. DATE	R 6'62   Outh	WI S. Thous		
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	M	ARYLAND STATE DE	PARTMENT OF HEAL	LTH	
	DIVISION OF STATISTICAL RI	ESEARCH AND RECORDS,  CERTIFICATE	OF DEATH	T, BALTIMORE 1, M	02421
	PLACE OF DEATH  COUNTY  CUAShing to N  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where a. STATE C. CITY OR TOWN (If outside co.	b. COUNTY	
	Williams port d. NAME OF HOSPITAL OR INSTITUTION (if no	/ Lyn, 3 days	HATPEYS d. STREET ADDRESS	Ferry	85× · 3
3.	Williamsport Sani NAME OF DECEASED (Type or print) Vistoria	tarium  Middle  Peach -T	Last 4. DATE OF DEAT	- E-1	ON A FARM? YES   NO   Day Yeer 27. 1962
5.	SEX   6. COLOR OR RACE   7. 1	MARRIED NEVER MARRIED B.  NIDOWED DIVORCED 1  10b, KIND OF BUSINESS OR INDUSTR	DATE OF BIRTH  May 29, 1890  YI 11 BIRTHPLACE (County & State.	9. AGE (In yeers IF UNDER last birthday) Months	
do	na during most of working life, even if refired)  FATHER'S NAME	Total Kind Of Bosiness Ok Indosik	mary/and	/	U.S.A.
15.	James F. Casso		Peach Sn NFORMANT NYS, William Ro	Address	ers Fermill
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying  DUE TO	Congestive Generalized	failure Atherosa	(evosis	INTERVAL BETWEEN ONSET AND DEATH 3 C 4 S
FICATION	couse lost.  PART II. OTHER SIGNIFICANT CONDITION  DAnemia  200. ACCIDENT WAS UNDERLYING   20		related to the terminal disease	SE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19	2Dd. INJURY OCCURRED   20e. PLA		City or town) (Co	unty) (Stefe)
	21. I certify that (1) (this hospital) saw the deceased alive on	attended the deceased from 26 1962, and that	death occured at S.A.M., from		the date stated above 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) M. E. T.	after M	ATTENDING MED. PHYS. DIRECTOR  224 ADDRESS DI J.	port M	2-27-63
23	a, BURIAL, CREMATION, 23b. DATE HEREO BEMOVAL (Specify) 3/1/62	F / 23c. NAME OF CEMETERY	DEMETERY HA	RPERS FERNISHER   25b. REGISTRAR'S	RY, W. VA-
24	Eclitte Vo. Leaf-7	Coluckie Williams	port notate FEB 2	8 62 Colling	S. France

VR A15 (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02422 09/3/

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
WASHINGTON MARYLAND	a. STATE  MARULAND  WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
BOONSBORO SIX WEEKS	X BOONSBORO
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	e. IS RESIDENCE
REEDER NURSING HOME	ING ST. PAHL ST YES NO X
3. NAME OF NURSING HOME	Lest 14. DATE Month Dey Year
DECEASED (Type or print)	OF DEATH 100 10 / 10 / 2
CHARLES MELVIN	YLINE TEBRUARY - 6: 1762
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years   IF VNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	YOVEMBER . 12, 1872 89 yrs. 2 24
108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10	MEAN BOOMBOOD MACH CAMAD U.S.A
13. FATHER'S NAME EMOLOGIES & KOAD DEP.T.	WEAR BOOMSBORO WASH, CO.MO. YSA.
10000	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	SUSAN MILLER Address
(Yes, no, or unkown) (If yes give wer or detes of service)	12
	STAUL LISTOUFFIER DOONSBORD MIDI
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	ONSET, AND, DEATH
IMMEDIATE CAUSE (0) Unerallyed a	menorement 3 710
T SO DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
<u> </u>	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH  20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of item 18.)
20c, TIME OF INJURY Month, Dey, Year   20d, INJURY OCCURRED   20e, PL/	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
Hour e.m.	tory, street, office bldg., etc.)
	do 37 11 - 1 10
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 196, and that	t death occured at.D.P.M., from the causes and on the date stated above
22e. SIGNATURE	ATTENDING MED STAFF 2/2b. DATE
1 William	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typo)	Bouston Mag.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, fown or county) (State)
REMOVAL (Specify)	
JURIAL HEBRUARY 4.1962 DOONSBOR	O CEMETERY DOOASBERG WASH CE'MP.  250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
John W. Khat DOONSBORD /X	10. DARER 13'62 within 2. Thank



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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U2435 Items 5.13 & CERTIFICAT	516 F 4/2 762 iwk	02423
1. PLACE OF DEATH & 21	2. USUAL RE IDENCE (Where decessed lived, If institution	Residence before admission)
Washington MARYLAND	Maryland Washing to	n
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL	end give neerest town)
Hagers town 9 Yrs  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	03 Hagerstown	
	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
1028 Mulberry Ave	1028 Mulberry Ave	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
(Type or print) RUTH REID LEM	EN DEATH Feby 19 1	962 19 R 1 YEAR   IF UNDER 24 HRS.
M//-///	lest birthday) Months	
White   WIDOWED   DIVORCED   100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	June 20 1874   87 yrs.	I
done during most of working life, even if retired)	Pa,	
Housewife Own Home	Waynesboro Franklin Co	USA
William W/ Reid	Emma Amelia Shiviey	Snively
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	INFORMANT Address	Direct of The Control
(Yes, no, or unkown) (Ifyesgive werordetes of sarvice) No No None Rob	ert C. Porter 1028 Mulber	rv Ave
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	Hagerstown Md.	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)	Failure	3 mos
DUE TO		
Conditions, if any, which (b) Generally	sed anterios elevosis	
geve rise to immadiata ceuse DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED?
Ŭ <u></u>		YES NO X
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	), (Enter neture of injury in Part I or Pert II of item 18.)	
	CE OF INJURY (Home, ferm, 20f. (City or town) (Coty, street, office bldg., etc.)	ounty) (State)
Hour a.m.  p.m.  While Not While et work et work	21	
21. I certify that (I) (this hospital) attended the deceased from	Dec 129, 1961, 10 Feb 19, 1	96.4, that (1) (we) last
saw the deceased alive on	death occured at 11.20.M, from the causes and or	the date stated above
220. SIGNATURE Robert Kh. Campbelly	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 2/21/4:
22c. PHYSICIAN'S NAME (Type) Robert V.L. Campbell	Hagers Town	md.
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or cou	unty) (Stete)
REMOVAL (Specify) Burial 2/22/62 Rose Hill C	emetery Hagerstown Wa	sh Co Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR	
Andrew K. Coffman Hagerstown Md.	DATEFEB 2 3 '62	

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within filled i completely paper carbon and certificate physician remove please = attending and Then removal. the physician. signed by burial-transit aftending has been the 0 certificate hospital 92 0 use prior Pol the After this lached P TOR: IO HOSPITAL (
death. Page 4 m
IO FUNERAL Dadiector, page 6 m VR A15 (4)

15M 9/60

CERTIFICATION

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02436 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY a. STATE b. COUNTY Washington Washington MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerast town Hagerstown R Yrs Hagerstown R d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress ON A FARM? Cearfoss Pike YES X NO Cearfoss Pike 3. NAME OF First Middle 4. DATE Month DECEASED DEATH Feby (Type or print) CLARA LONG 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In yeers | lest birthdey) Days Months Hours WIDOWED DIVORCED Dea Fenale 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or loreign country) done during most of working life, even if retired) Hagerstown Wash Co Md. USA Own Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Miller Henry Calvin Foltz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Hagerstown Md. R # Kenneth Long None Cearfoss 18. CAUSE OF DEATH [Enter only one cause por line for INTERVAL BETWEEN (b), end (c) ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Comes DUE TO Conditions, if any, which gave risa to immediate ceuse DUE TO (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) fectory, street, office bldg., atc.) While Not While at work et work p.m. 19. 2 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... Le. saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY 23a. BURIAL, CREMATION, 23b. OR CREMATOR 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Rest Haven Cemeterv Hagerstown Wash Buria 24 FUNERAL DIRECTOR'S SIGNATURE

Coffnan Hagerstown Md. ndrew K.

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE - my & Thous

DATE

0222 1 House and to the commence of the state of th AT AN ALMA None M. Kampetinteend Briefather and M. Sha L'En abile 2-7-62 MENOTITE & CLERK STAY

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be retained for your the Nate Board and 3 to the uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, i Office along with form PM3. Page 5 1 and 72 hc pages Office along with form burial-transit permit. File E 45 "pending" 50 Examiner cremation, writing the word " e Chief Medical Ex Page 3 should be u burial, the Chie prior DIRECTOR 0 forwar lease execute the should be forward FUNERAL DIR designat DEPUTY 0 240 p

VS. A15ME 5M 7/59

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY WASHINGTON

b. CITY OR TOWN (if outside corporete limits,

write RURAL and give neerest town)

10a. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

(Yes, no. or unkown) | (If yes give wer or detes of service)

CHARLES

Month, Day, Year

death resulted from: A Natural causes

HAGERSTOWN

922 POPE AVENUE

HOMEMAKER

3. NAME OF

5. SEX

DECEASED

(Type or print)

FEMALE

13. FATHER'S NAME

cause lest.

ACTUAL

BURIAL

SIGNATURE

EXAMINER'S

23. FUNERAL DIRECTOR

CAUSE OF DEATH.

20c. TIME OF INJURY

CERTIFICATION

MARYLAND

c. LENGTH OF STAY IN 1b

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)

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DIVORCED

LONG 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

> MARCH 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)

Last

e. STATE

MARYLAND

HAGERSTOWN

POPE

AVENUE

4. DATE

OF

DEATH

d. STREET ADDRESS

MARTINSBURG WEST

14. MOTHER'S MAIDEN NAME

last birthday)

2. USUAL RESIDENCE (Where deceased lived, ff institution: Residence before edmission)

c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)

b. COUNTY

Month

9. AGE (In years | IF UNDER 1 YEAR

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSEL AND DEATH

PERFORMED? NO

(State)

WASHINGTON

. IS RESIDENCE ON A FARM? YES NO

Year

19 62

IF UNDER 24 HRS.

MARY J FRANKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT

Address HAGERSTOWN MARYLAND

Months

SNAVELY 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING

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20b. DESCRIBE HOW INJURY OCCURED. (Enler neture of injury in Pert f or Pert II of ite

2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 2Df. (City or town)

Homicide

fectory Street, office bldg., etc.)

Suicide

21. I certify that I took charge of the remains described above, held an Autopsy

Undetermined manner

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER 215 W WASHINGTON ST. Address (Street, city, town, or county) HACERSTOWN

and in my opinion

NAME (Type) E.W.DITTO JR. 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

ROSEDALE

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Not While

et work

Accident

MARTINSBURG WEST VIRGINIA 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or country)

SUTER-ROUZER FUNERAL HOME HAGERSTOWN MARYLAND

DATE FFR 2 6 '62

Ciriling S. Mana

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIEICATE OF DEATH 097,30

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b.	CITY OR TOWN if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If roptside corporete limits, write RURAL and	diva nagrest town)
	write RURAL and give neerest town)		UI V,	give medical repring
-6	VILLAMSport	141-5mo-24day	MAgerstown 03	
d.	NAME OF HOSPITAL OR INSTITUTION (if not in hos	pits, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
711.	11. 11. 4 0 . 1.	. 0	1118 Oak Hill ave.	YES NO A
WI	MATASport Sanitariu			
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5. SE	X 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1	YEAR   IF UNDER 24 HRS.
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10a.	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	12. CITI	ZEN OF WHAT COUNTRY?
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12 5	ATHER'S NAME		Chicago Jilinois 4.	5. Q.
13. 7.	ATHER 3 NAME		14. MOTHER'S MAIDEN NAME	
1	Villiam Weise		douse Vollman	
15. W	V 4 5 1 4 3	SOCIAL SECURITY NO. 17. IN	FORMANT Address	
(Yas,	no, or unkown) (If yes give wer or detes of service)	11-11- 11	11	
	146	NONE Mr.	S HARVEY H. HUYSEF IF HAGERS	TOWN MA.
18	8. CAUSE OF DEATH [Enter only one couse per I	ine for (e), (b), end (c).]		ONSET AND DEATH
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CERTIFICATION	De. ACCIDENT WAS UNDERLYING   206. DES	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 1B.)	
ERT O	R CONTRIBUTING CAUSE OF DEATH			
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2 -	p.m. 19 er wor	x		,
2	1. I certify that (I) (this-hospital) atten-	ded the deceased from!	12 - CL 1954 to 12 191	ath that (I) (we) last
S	aw the deceased alive on Fah 12	19 6 2 and that	death occured at .T.A.M., from the causes and on t	he date stated above.
	2e. SIGNATURE /			22b. DATE
- 1	00 - 1/1/1/1	1	ATTENDING MED. STAFF	SIGNED
	Clord a. Holl	M.D		F16.13-62
2:	2c. PHYSICIAN'S		22d. ADDRESS	
	NAME (TOPO) LLOYD A HOFFMA	N M. D.	214 N. POTOMAC ST. HAGERSTO	WN MARYLAND
22-	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OF		
236. RE	MOVAL (Specify)	LOC. NAME OF CEMETERS OF	250. EOCATION (City, town of country	(31410)
	BURIAL 2-14-62	CEDAR LAWN MEMO	RTATY GARDENS HAGERSTOWN MARYL	LND
24 FL	JNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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alth.		6		1N6	TON	MARYLAND	o. STATE	ARYLAN	b. COUNT	PRINCE	GEORGES
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Page 1 an 77 nn 77	1	FOUSE	WIF	$\epsilon$	DOMES	TIC	VI	GINIA		4.5	,A,
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**BALTIMORE 1, MARYLAND** TATISTICAL RESEARC 2. USUAL REST ENCE (Where deceased lived & institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 papers. Middle DECEASED (Typa or print) DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) physician and WIDOWED 12. CITIZEN OF WHAT COUNTRY? геттоме 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) NONR nove 13. FATHER'S NAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO gave rise to immediata causa DUE TO (a), stating tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate Se PERFORMED? NO TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from 2/19 to 2./2., to 1962, to 1962, that (I) (we) last 22b. DATE SIGNED DIRECTOR death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY OL RIM 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE FEB 2 3 '62 15M 9/60 arthur & King

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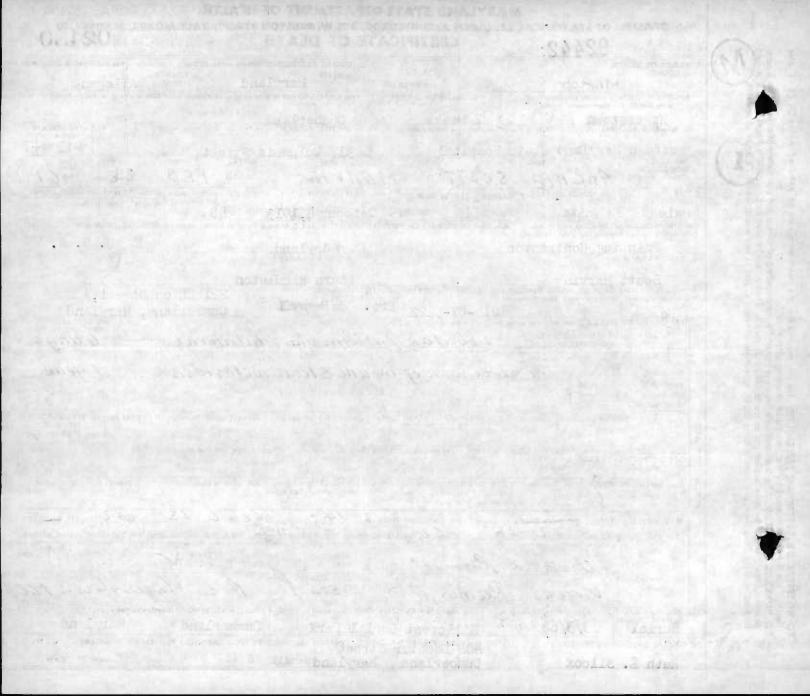
		-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Page 4 may be retained by the hospital or attending physician.  TO FUNERAL A GTOR: After this certificate has been signed by the attending physician and completely filled in the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon perpens, Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,
HYSICIAN	ne hospital or	for use as the
ATTENDING !	TOR: After th	nd be detached to Dept. of Healt
a C	181	Sta
TO HOSPITAL	death. Page 4 r	director, page 3 be filed with the

15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02420

1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	are deceased lived, If institution: Res	sidence before edmission)
*. COUNTY Washington	44	o. STATE Marylane	b. COUNTY	o contr
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		e corporete limits, write RURAL and	egany
write RURAL end giva nearest town)				102.2.
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS	U	IS RESIDENCE ON A FARM?
Western Maryland State	Hospital	377 Columbia	Street	YES NO
3. NAME OF First	Middle	317 Columbia		Day Yeer
	SCOTT MI	// / / / /	EATH FEB Z	8 1962
5. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 Y last birthday)   Months   De	EAR IF UNDER 24 HRS.
Male White WID	OWED DIVORCED 0	ctober 1.1913	148 угз.	73 110013
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta	ite, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY
Painting Contractor		Maryland		U. S. A.
IS. PAIRERS NAME		14. MOTHER 5 MAIDEN NAME		
Scott Marvin		Laura Middleto		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (llyes give wer or detes of service)	16. SOCIAL SECURITY NO. 17. II		221 Ohion Stre	et.
No	214-07-5222 Mrs	. Ida Benzel.	Cumberland, Ma	rvland
18. CAUSE OF DEATH [Enter only one cause	per line lor (e), (b), end (c).]		,	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Lobular PNE	umorini hi	Intern1	le daus
		cerriory re , Di	- Beer ( ) C	- de ceregi
DUE TO		1 /	ofar lacis	1 11000
Conditions, if any, which (b)	recipema of mo	um c recal me	eras rasis	gear
(a), steting the underlying DUE TO				- AU 11 12 12 12 12 12 12 12 12 12 12 12 12
causa last. (c)			ATTENDED TO STATE OF THE STATE	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
OIL I				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING 200. OR CONTRIBUTING CAUSE OF DEATH III IF THER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or	Part II of item 18.)	
	and I have been seen as a	TO OF INTUINY (I)	(City or town) (Count	ry) (State)
Hour a.m.		CE OF INJURY (Home, farm, 20f.	(Count	(31014)
21. I certify that (I) (this lambial) a	ttended the deceased from	2-14- 1962	2 to 2 - 28 196	
saw the deceased alive on 2 - 2	8 - 1062 and that	death occurred at 1105	from the causes and on th	
22a. SIGNATURE	and mar	dealli occured al	If Our line causes and on in	22b. DATE
Victor L	Ramas, M.		R PHYS.	SIGNED
22c. PHYSICIAN'S NAME (Type) VICTOR L.	Ramos, m.D.	1500 PA	Are Hager,	town M
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d.	LOCATION (City, town or county)	(Stafa)
Burial 3/3/62	Hillcrest Buri	lal Park Cu	umberland M	aryland
24 FUNERAL DIRECTOR'S SIGNATURE	404 Decatur St		REGISTRAR 256. REGISTRAR'S SI	GNATURE
	Cumberland M		162 Carlow & A	Traus
Ruth E. Silcox	Competitated M	STATSUO PAINTY S	0.000	



DIVISION OF STATISTICAL RESEARCH AND RECORDS ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 3d. Film G307 executed within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY the WASHINGTO N WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate timits. c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest, town) after 15 POOL filled d. NAME OF HOSPITAL OR INSTITUTION (if hot in hospital, give street address) d. STREET ADDRESS RURAL completely 4. DATE Last Month DECEASED OF (Type or print) DEATH MASON carbon nt, withir AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH pue last birthday) Months FEMALE event, WIDOWED # DIVORCED physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) HOME DUTIES WASH. CO. MD. WORK please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 affending CHARLES CHANEY BOWMAN Then | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or unkown) (If yes give war or dates of service) physician. CLARENCE requires that 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-fransit DUE TO peen Conditions, if eny, which gave rise to immediate cause DUE TO has burial. (a), stating the underlying the cause lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION 95 use 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) the OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) defached 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., atc.) Not While While Hour e.m. at work at work CIOR: D.m 19 21. | certify that (1) (this hospital) attended the deceased from saw\_the deceased alive on la Land that death occured avision, 220 SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. HOSPITAL M.D FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed death.
TO FU?
directo BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 62 2/6 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

15M 7/61

Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. PECKTONVILLE, MD. INTERVAL BETWEEN CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO X (Stete) (County) from the causes and on the date stated above. 22b. DATE SIGNED LOCATION (City flown or county) Washington County. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEEB 8 SPRING, MD. Circhan S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO I

Year

19 62

IF UNDER 24 HRS.

Day

CHARLES OF THE STATE OF THE STA

THE PERSON OF THE SERVICE OF THE PERSON OF T

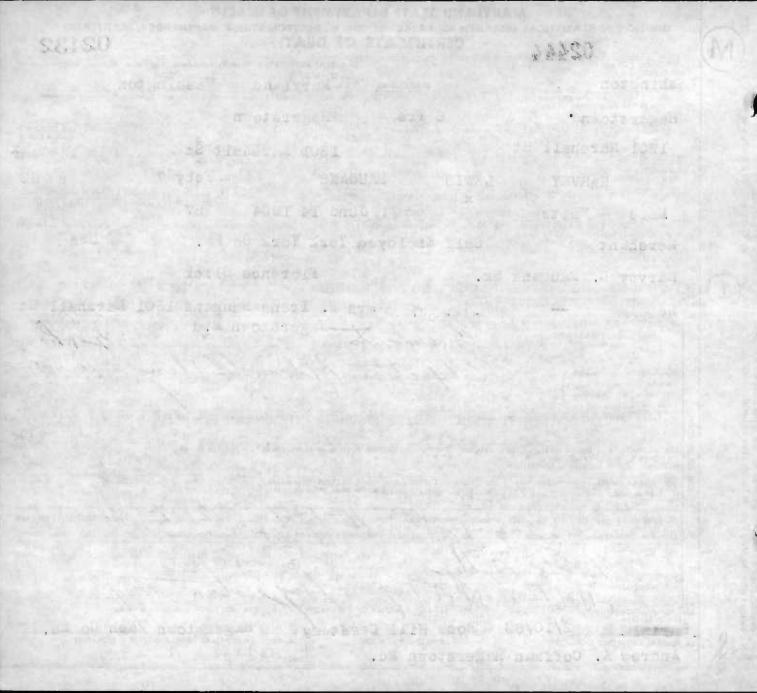
02444 he funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIV. After this certificate has been signed by the attending physician and completely filled in the tenth of director, page 3 shound be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02432 CERTIFICATE OF DEATH

a. COUNTY	e. STATE b. COUNTY						
Washington MARYLAND	Maryland Washington						
b. CITY OR TOWN (if outside corporata limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown)						
Hagerstown 8 Yrs	03 Hagerstown						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS						
1301 Marshall St	1301 Marshall St YES NO K						
3. NAME OF First Middle	1301 Marshall St. North Dey Yeer						
DECEASED	OF						
110100000000000000000000000000000000000							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lest birthday) Months Deys Hours Min.						
Male   White   WIDOWED   DIVORCED	June 14 1904 57 yrs.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)							
Mershant Self Employe	ed York York Co Pa. USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Harvey L. Maugans Sr.	Florence Slick						
	INFORMANT Address						
(Yes, no, or unkown) ((If yes give war or detes of service)	Ars N. Irene Maugans 1301 Marshall St						
	I INTERVAL PETAVETAL						
18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	Hagers town M. d ONSET AND DOTH						
IMMEDIATE CAUSE (e) Meumoni	2-11/10						
DUE TO	7.1 10/11						
Conditions, if any, which \ (b)	10 / Therew Hotellunge / Chi						
geve risa to immediate cause							
(a), stering the underlying							
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY						
0	PERFORMED?						
V A A COURTY WAS INDESTRUCTED A COURTY DESCRIPTION AND A COURTY	YES NO						
DR CONTRIBUTING CAUSE OF DEATH	D. (Enter natura of injury in Pert I or Part II of item 18.)						
	ACE OF INJURY (Home, ferm, ' 2Df. (City or town) (County) (Stete)						
p.m. 19 et work at work							
21. I certify that (I) (this hospital) attended the deceased from 1 19 19 19 19 19 19 19 19 19 19 19 19 1							
saw the deceased alive on, and that death occured at, from the causes and on the date stated above.							
22e. SIGNATURE	22b. DATE						
1 7/ 04/19	ATTENDING MED. STAFF SIGNED						
The state of the s	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS						
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS						
17500	TT This was						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	emetery Hagerstown Wash Co Md.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Andrew K. Coffman Hagerstown Md.	DATE FER 1 3 '62 Cinhur S. Thomas						



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{1}{2} \in \text{\text{TO HOSPITAL}}\$ \text{ Page 4 may 37 retained by the hospital or attending physician.} \frac{2}{2} \in \text{\text{TO FUNERAL DY}} \text{\text{TOR:}} \text{After this certificate has been signed by the attending physician and completely filled in \$\text{\text{the funeral}}\$ \frac{2}{2} \text{\text{\text{TO FUNERAL DY}}} \text{\text{TOR:}} \text{\text{After this certificate has been signed by the attending physician and completely filled in \$\text{\text{the funeral}}\$ \text{\text{\text{change}}} \text{\text{\text{\text{change}}}} \text{\text{\text{change}}} \text{\text{\text{\text{change}}}} \text{\text{\text{change}}} \text{\text{\text{change}}} \text{\text{\text{\text{change}}}} \text{\text{\text{change}}} \text{\text{\text{\text{change}}}} \text{\text{\text{\text{change}}}} \text{\text{\text{\text{change}}}} \text{\text{\text{\text{change}}}} \text{\text{\text{\text{change}}}} \text{\text{\text{\text{change}}}} \text{\text{\text{\text{change}}}} \text{\text{\text{\text{\text{change}}}}} \text{\text{\text{\text{\text{change}}}}} \text{\text{\text{\text{\text{change}}}}} \text{\text{\text{\text{\text{change}}}}} \text{\tex

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02433

1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)					
Washingtn MARYLAND	• STATE Maryland b. COUNTY Washington					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Hagerstown  Life	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  Hagerstown					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE					
Washington County Hospital	724 Nedway Road					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer					
(Type or print) Barry Edward	Miller DEATH February 10 1962					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.  Jest birthday)   Months   Deys   Hours   Min.					
Male   White   WIDOWED   I	Dec. 7, 1875   86 yrs.   Months   Deys   Hours   Min.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Hauling Transfer Co.	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY   Hagerstown, Md.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Alex Miller	Ann Procpor					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Iffyesgive war or detes of service)						
Lec	on Hoover Norfolk, Va.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (e)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH  ZUT					
Conditions, if ony, which age is to immediate cause (b)	erosis endef					
(a), stating the underlying DUE TO Carterios (c)	cleroses Indef					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2 De. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum NO \cdot \)					
	). (Enter neture of injury in Pert I or Pert II of item 18.)					
	CCE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)					
21. I certify that (I) (this hospital), attended the deceased from 1/6/62 19 to 2/10 1962, that (I) (we) last saw the deceased alive on 2/10 1962, and that death occurred at 2.5 M, from the causes and on the date stated above.						
h / · m / · .	7725					
saw the deceased alive on 2/10 19.62 and that 22a. SIGNATURE	death occured at 2					
saw the deceased alive on 2/10 19.62 and that	death occured at 2					
saw the deceased alive on	ATTENDING MED. STAFF 2/12/62  ATTENDING MED. STAFF SIGNET  22b. DATE SIGNET  27b. DATE  SIGNET  22d. ADDRESS  145 W Was bing Ton ST. HagersTown Mod					
saw the deceased alive on	ATTENDING MED. STAFF 22b. DATE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR STAFF 2/12/6/2  22d. ADDRESS  145 W W as hing Ton ST. HagersTown Mag  OR CREMATORY 23d. LOCATION (City, town or county) (State)					

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Nost T. Mintel & Son Magenstown, Mc. west & C.

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Transfor Co. Ingonabotta, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution; Rasidenca batora admission) e. COUNTY a. STATE b. COUNTY WASHIN GTON MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) write RURAL and give naerast town) HAGERSTOWN 2 HOURS uld be executed within 24 hours after death. If any delay is n in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral direct Office along with form PM3. Page 5 may be retained for yourial-transit permit. File pages 1 and 2 with the State Board-oval, and in any event within 72 Items after death. HACERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS WASHINGTON COUNTY HOSPITAL PRESTON ROAD 3. NAME OF First Middle DATE Month 4. DECEASED OF (Typa or print) DEATH FEBRUAR 8. DATE OF BIRTH RICHARD ARTHIR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR lest birthday) Months Days MALE WIDOWED DIVORCED MAY 23 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired U.S.A. STUDENT HACERSTOWN MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHARD ARTHUR MOTZ SR. JANE E HARMS Office along with form burial-transit permit. File noval, and in any event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give we ror detes of service NO NONE RICHARD A MOTZ SR. HAGERSTOWN MARYTAND EXAMINER: This certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which "pending" gave rise to immediate cause cate, writing the word "pending" to the Chief Medical Examiner's OR: Page 3 should be used as a prior to burial, cremation, or ren DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yaer 20f. (City or town) (County) Not While fectory, street, office bldg, etc.) Whila at work at work p.m. OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry agent, DIRECT death resulted from: Natural causes Accident Suicide Homicide Undetermined manner lease execute the standard should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER DEPUTY MED designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER WASHINGTON ST. EXAMINER'S NAME (Type) Address (Street, city, town, or county) HACERSTOWN 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 Q40 P 2-20-62 HAGERSTOWN BURTAL H 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

62

Min.

Yaar

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO K

> > (State)

and in my opinion

Oritan S. Times

FEB 2 6 '62

IF UNDER 24 HRS.

18

VS. A15ME 5M 7/59

SUTER-ROUZER

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INTERNATION OF A THE PARTY OF A PRACTICE OF TO A SULTEN HY RESULT OF MEADERING TO BEHAVIOR AS JAMES HE WAS A SECTION AS A SECTION ASSECTION AS A SECTION AS A SECTION AS A SECTION AS A SECTION ASSECTION AS A SECTION AS 2 = 1 = 1 = 1 = 1 = 1 TE CENTRAL STATE THE STATE OF STREET WAY TO SEE AS . THE PERSON WATER THE REPORT OF THE PERSON OF the second of the Land to the second of the The same of the sa HOLD THE PROPERTY OF THE PROPE THE PROPERTY OF THE PROPERTY O THE REPORT OF THE PARTY OF THE

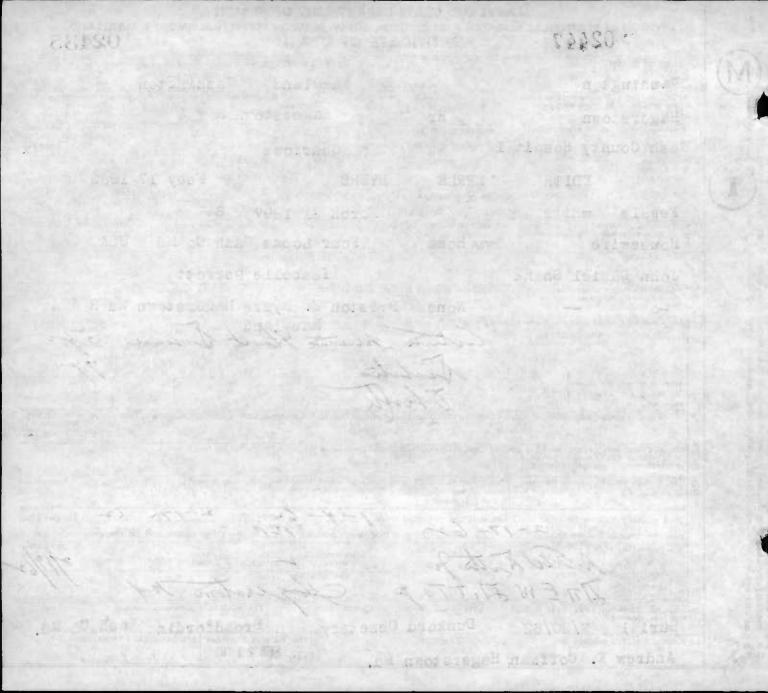
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02435

1	1. PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution: Re	esidence before admission)			
4	Washington	MARYLAND	Maryland	Washington				
ı	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL end	give nearest town)			
1	write RURAL and give nearest town)	1/2 Hr	Y Hageret	town R # 4				
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS	30 1111 11 2	e. IS RESIDENCE			
	Wash County Hospital		Cearfoss		YES NO			
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year			
V	(Type or print) EDITH	MERLE MY	ERS		962 19			
/	5. SEX   6. COLOR OR RACE   7. MARRI	ED X NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years   IF UNDER 1 )				
	Female white wow		arch 31 189	97 64 yrs.	eys Hours Min.			
	1Da. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?			
1	Housewife Ow	n Home	Four Locks	Wash Co Md U	SA			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	John Daniel Shank		Isabell	Le Perrott				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) [(Ifyesgivewarordatesofservice)]	SOCIAL SECURITY NO. 17. 1		Address	86			
	740	None Pre	ston E. Mye	ers Hagerstown M	n R # 4			
	18. CAUSE OF DEATH (Enter only one cause per	line for (a), (b), and (c).]	Marvla	and, F	INTERVAL BETWEEN ONSELAND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Centers 1	electo XI	ent Desease	5 5-2			
	260 X DUE TO							
	Conditions, if any, which \ (b)	Niel-to			7 year			
	gave rise to immediate causa	The state of the s	_		1			
	(a), stating the underlying	Deed						
1	(0)	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY			
					PERFORMED?			
	20a, ACCIDENT WAS UNDERLYING   20b. DE	SCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pa	art I or Part II of item 18.)	1120 LI NO LA			
	PART II. OTHER SIGNIFICANT CONDITIONS CO							
		fA	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	2Df. (City or town) (Coun	ty) (State)			
	Hour a.m. While	1401 111110	ory, sireer, office brag., etc.,	1				
١	21. I certify that (I) (this hospital) atter	ided the deceased from	1-4-621	0 10 3-17~ 106	2-that (I) (we) last			
	saw the deceased alive on 27/7			PM, from the causes and on the				
	22a. SIGNATURE	, and mar	dodni occaroo zi	Total file cades and on it	22b. DATE /			
	D. SWAN	the In M	D. PHYS. ME	ED. STAFF RECTOR PHYS.	2/19/7			
	22c. PHYSICIAN'S NAME (Type)	-1-	22d. ADDRESS	+	11/00			
	MIT WY	ITIOD	Hoy	crotim My				
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)		OR CREMATORY	23d. LOCATION (City, town or county)	) (State)			
	Burial 2/20/62	Dunkard Cen	eterv	Broadfording Wa	sh Co Md.			
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR'S S	IGNATURE			
	Andrew K. Coffman H	agerstown Md	DATE	\$ 21 '62 \ winter 8.	Risma			



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()24.36

PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission)
Washington MARYLAND	Maryland Washington
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest lown)
write RURAL end give nearest town)	A 2 TT
Hagerstown 40 years	d. STREET ADDRESS O. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	ON A FARM?
Washington County Hospital	818 Concord St.
NAME OF First Middle DECEASED	Lesi 4. DATE Month Dey Year
(Type or print) Isaiah Franklin	Myers DEATH February 4 19 62
	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	last birthdey) Months Deys Hours Min.
	Mar. 4, 1913 48 yrs.
De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	[RY] 11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Truck Driver 0il Co.	Near Hagerstown, Md.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaiah Myers	Anne Hastings
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
(If yes give wer or deles of service) 212-14-7126	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	rs. Arlene L. Myers Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate cause	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), steling the underlying  DUE TO  DUE TO	I INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), stating the underlying ceuse lest.  (c)	færline a candia lyfurtifly  Nonset and death
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate cause (e), stelling the underlying cause lest.  DUE TO  (c)	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate cause (e), stelling the underlying cause lest.  DUE TO  (c)	factor a cardial for the ferminal disease condition given in part 1(0); 19. Was autopsy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	factor a cardial fully INTERVAL BETWEEN ONSET AND DEATH  WHEN THE STAND DEATH  ONSET AND DEATH
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), steling the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CONTRIBUTING TO CONTRIBUTING	INTERVAL BETWEEN ONSET AND DEATH  ONSET
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), steling the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CONTRIBUTING TO CONTRIBUTING	Hacker & Cardea (3)  Note that Dear (4)  Note
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), steling the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m.  P.m. 19  PART II. OCCURRED 20c. Pigner and Proceedings of the Work etwork in the feature of the Work in the Proceedings of the Work in the Wo	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), steling the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m.  P.m. 19  PART II. OCCURRED 20c. Pigner and Proceedings of the Work etwork in the feature of the Work in the Proceedings of the Work in the Wo	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to immediate ceuse (e), steting the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURT COURT COURT CONTRIBUTING COURT CONTRIBUTING COURT C	ACE OF INJURY (Home, farm, 20f. (City or town)  ACE OF INJURY (Home, farm, 19, 19, that (I) (we) last
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to immediate ceuse (e), steting the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURT COURT COURT CONTRIBUTING COURT CONTRIBUTING COURT C	INTERVAL BETWEEN ONSET AND DEATH  SELECT DEATH  ONSET AND
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate cause (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While et work 19 to the work 19 to t	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer While Not While et work 19 to work 19 t	INTERVAL BETWEEN ONSET AND DEATH  ONSET
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate cause (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While et work 19 to the work 19 to t	INTERVAL BETWEEN ONSET AND DEATH  ONSET
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURSE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer While Not While ef work et work to et wor	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURSE COURS	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), sleting the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT N  20e. ACCIDENT WAS UNDERLYING NOT CONTRIBUTING TO DEATH BUT N  20e. TIME OF INJURY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer While Not While et work et work et work not work to the deceased from saw the deceased alive on the deceased from saw the deceased alive on the deceased from saw the deceased alive on the deceased from the deceased from the deceased alive on the deceased from the deceased from the deceased from the deceased from the deceased alive on the deceased from the dec	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to Immediate ceuse (e), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING COURSE COURS	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA

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Tyunk artyon 011 On. Rear Talent town 18.

212-11-7120 Mrs. Arlane L. Morra Marchelam.

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meant 2-6-02 Coder Low Not. Oardens . Hagaratota: Id.

Scott . Mingon a Son ingerstown, ad. edunik . t Joos

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN  CERTIFICATE OF DEATH		MAKIL	AND SIAIE DE	PAKIMEN	OF REALIT	1	
CERTIFICATE OF DEATH	<b>DIVISION OF ST</b>	ATISTICAL RESEARC	H AND RECORDS,	301 W. PRE	STON STREET,	BALTIMORE 1,	MARYLAND
02449	02	449	CERTIFICATI	OF DEA	TH		0243

	1. PLACE OF DEATH	ALINAWA .	
	•. COUNTY Washington MARYLAND	. STATE Maryland b. COUNTY Wash	ington
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive neerest town)
	write RURAL and give nearest town) Hagerstown 2 wks.		
-	Hagerstown 2 WKS.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		405 Edgewood Drive	ON A FARM?
1	Washington Co. Hospital 3. NAME OF First Middle		Dev Yeer
	DECEASED	OF	
	CAIDENING MAKI NINEK	reordary	38 1962 FAR   IF UNDER 24 HRS.
	N. MAKRIED A NEVER MAKRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthday) Months   De	
	Female   White   widowed   DIVORCED   J	une 10,1899 62 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	Housewife Own Home	Midland, Allegany Co. Md.	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Charles Stevenson Sarah Morris		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   Hage rs town, Maryland.		
	No 219-05-2695 He	erbert E. Niner, 405 Edgewood	Dř.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Cerebrovascular ac	ccident	5 days
	DUE TO		
	Conditions, if any, which hypertensive arteriosclerotic cardiovascular dis.		years
	geve rise to immediate cause		
	(a), stating the underlying cause lest. (c) Congestive heart	failure	14 days
			a)   19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH DO CONTRIBUTING TO DEATH BUT NO CONTRIBUTIN	failuma	PERFORMED?
	Congestive heart failure  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)		
	OR CONTRIBUTING CAUSE OF DEATH  OF (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	Hour a.m. While Not While factory, street, office bldg., etc.)		
	P		
	21. I certify that (I) (this hospital) attended the deceased from Feb. 28 , 1962, to Feb. 28 , 1962, that (I) (we) las		
	saw the deceased alive on. Feb. 28 19.62, and that death occured at 5130AN rom the causes and on the date stated above		
	22a. SIGNATURE 22b. DATE SIGNED. STAFF 22b. DATE		
	D. M. D. PHYS. DIRECTOR PHYS. 3-1-62		
	NAME (Type) AND TO STATE THE GENET OWN MICH.		
	U. U. Staulier, M. D.		
	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)		
	Burial 3/3/62 Rose Hill	Cemetery   Hagerstown, Mary	vland.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA			SNATURE
1	Andrew K. Coffnan, Hagerstown , Mar	yland, MAR 5'62   Only 8 the	

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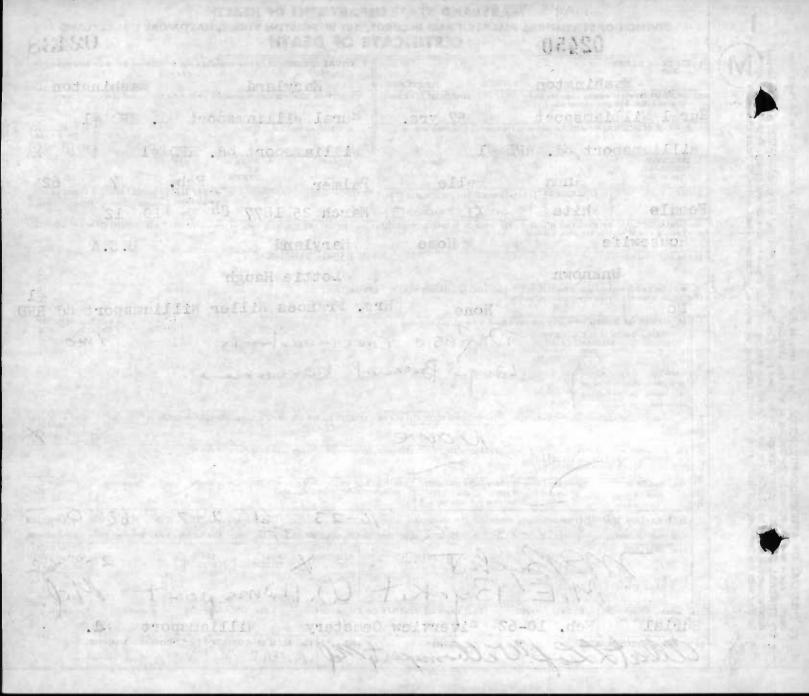
SO-L-2 of the true Memory & Pen J. C. Stautter, H. D. M. L. Fedder INS J. Prospect St., Hamerston, ad.

VR A1S (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

02450 CERTIFICATE OF DEATH 02438

1. PLACE OF DEATH	4			2. USUAL RESIDEN	ICE (Where decessed lived, b. CO		sidence before edmission)
	shington		MARYLAND	Mary	_		hington
b. CITY OR TOWN (	if outside corporate limits	,	c. LENGTH OF STAY IN 16		(If outside corporate limits, w		
	iamsport		57 yrs.	Kural Wi	lliamsport	Md. BET	D #1
d. NAME OF HOSPI	TAL OR INSTITUTION (II	not In hosp	ital, give street address)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?
Williamsr	port Md. R	FD #:	1	Williams	port Md. RF	D #1	YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE Mo	nth "	Day Yeer
(Type or print)	Anna		Belle	Palmer	DEATH Feb		7 19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea last birthday	IF UNDER 1 Y	
Female	White	WIDOWED	W. NP	March 25	1877 84 yrs.	10 ]	12 Hours Min.
10a. USUAL OCCUPAT	10N (Give kind of work pking life, even if retired	1Db. KIN	OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Cou	nty & State, or foreign country	ry) 12. CITIZI	EN OF WHAT COUNTRY?
Housewij	ĉe	'	Home	Marylan	d	U.	S.A
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Ţ	Jnknown			Lottie	Haugh		
	ER IN U.S. ARMED FOR C		OCIAL SECURITY NO. 17.	INFORMANT	Addr	ass	#1
No No	i yes give war or deles of se	9.9	one Mr	s. Frances	Miller Wi	lliams	port Md RF
18. CAUSE OF I	DEATH [Enter only one	cause per lin	ne for (e), (b), end (c).)				INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	T	(G1350 C	ducius.	Lacis		ONSET AND DEATH
10-	0		7/036	el Caro	110217		
Continue	DUE TO	10.	Base.	al Carri			A THE STREET OF THE
Conditions, if eny	10/	400	90 0000	el Carl	- I verns	-	
(a), stating the u	AT THE TA						
cause last.	) (c)_						
PART II. OTHE	R SIGNIFICANT CONDITI	ONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE CONDITION C	SIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
[5]			MIOUR				YES NO
PART II. OTHE  OF CONTRIBUTING  OF CONTRIBUTING  OF CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	2Db. DESC	RIBE HOW INJURY OCCURE	O. (Enter nature of injury in	Part I or Part II of item 18.)		
		1 204 1	UURY OCCURRED   20e. PL	CEOF INITIDY (Home far	m, ; 20f. (City or town)	(Count	(State)
20c. TIME OF INJU	Month, Day, Teal	While	Not While fac	tory, street, office bldg., etc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0.0.0)
	19	at work					
			ed the deceased from.				
	sed alive on/	-15	19 6 Z and tha	t death occured at3.	P.M. from the cause	s and on the	
220. SIGMATURE	118/3	ent	ht.		MED. STAFF DIRECTOR PHYS.		2 -8 SIGNED
22c. PHYSICIAN'S NAME (Type	ME	15	Byrkit	- 22d. ADDRESS	ams po	n 4	MA
	ON, 236. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City,	town or county)	(State)
Buria I Specify	Feb. 10	-62	"iverview	Cemetery	Williams	port	Md.
24 HUNITAL SHEETO	S SIGNATURE	21	ODRESS	1-1165	C'D BY REGISTRAR 25b.	REGISTRAR'S SI	
- Coll	non		may c	DATE	PES 9 02	20000001 20.	/ V/W///



the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL D. STOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 shared be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02439 02451

1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where decassed fived, If Institution: Residence before admission)
	a. STATE b. COUNTY
b. CITY OR YOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	, 0
CUCTOWN SWEEKS	X KURAL NEAR SMITHSBURL
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
LL 0 0 = 12 - 12 1	VECT NOT
3. NAME OF CONTOWN First Middle	Last 4. DATE Month Day Yeer
DECEASED	OF
(Type or print) NIAIDE A. +	ALMIER DEATH FEBRUARY 12. 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
CHEMALE NAME WIDOWED TO DIVORCED TO	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTI	CLOBER: FT. 1000 13
done during most of working life, even if ratired)	RY 11. BIRTHPLACE (County & Stata, or fofaign country) 12. CITIZEN OF WHAT COUNTRYS
HOUSE WIFE DWA HOME	BOONSBORD WASH. CO. MID. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17.	LUCINUA DANNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yas, no, or unkown)   (Ifyasgivewarordatasofservica)	INFORMANT Address
NO 214-09-8313 HA	RRY S. PALMER HAGERSTOWN MD. R. [
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	(INTERVAL'BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CONCORDED THE	noungs.
DUE TO D. D. ()	
Conditions, if any, which \ (b) Kleneralyee	artenvaleros 2/1/1.
gave risa to immadiate causa	
(a), staring the underlying	
(0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BOTTOM	PERFORMED?
3	YES NO
	. (Entar natura of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)
	lory, straet, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from.	1-8 , 1956 to 2-12 , 1962 that (1) (we) last
	death occured at 6.5.1M, from the causes and on the date stated above
	22b. DATE
22a. SIGNATURE	ATTENDING / MED STAFF O SIGNED
harles to Hess	I.D. PHYS. DIRECTOR PHYS. 2-13-62
22c. PHYSICIAN'S	22d. ADDRESS
Chaples F Hess M.D.	Snithsburg, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	
REMOVAL (Specify)	C
DURIAL STEB. 15 1962 KOSEHILL	CEMETERY HAGERSTOWN WASH. CO. M.D.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a./REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Jalen N. Basi BOONSBERO IX	DARER 1 6 '62
	Contain S. Krays

ADVINE THE POST OF STALLANDING THE PERSON OF (E.3SO THE THE SCHOOL STREET STREET TOTAL TOTAL CONTRACTOR OF THE PROPERTY OF THE PARTY OF TH HERSEL WILLIAM COMMENTS IN CONTROL WARE CONTROL OF THE STATE OF THE ST A THE SAME WAS TANGED AND A THINK A PROPERTY STEEL AND A PROPERTY STEEL The same and the same of the s Commission of the State of the AT LO COMPLETE TO THE THE THE PARTY OF THE P a second to the state of the second of the s

	DIVISION OF	STATISTICA 2452	MARY L RESEA	LAND STATE RCH AND RECOR CERTIFICA	DEPARTMENT DS, 301 W. PRES TE OF DEA	OF HEATON STR	ALTH EET, BALTIM	ORE 1,	MAR'	YLANI	)
1.	PLACE OF DEATH	WIUG			2. USUAL RESID	ENCE (Where	dageasad lived, If	Institutions	Residenc	e before	dmission)
7	a. COUNTY Wash	rington		MARYLAND		ryland	b. COUN		shing		CTTL -
	b. CITY OR TOWN (if outs write RURAL and give	ide corporate limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside c	orporata limits, write	RURAL .	nd give n	nearest tov	n)
	1.	rstown		Lite	03 Had	rerstow	n				
	d. NAME OF HOSPITAL C	R INSTITUTION (			d. STREET ADDRE	SS					ESIDENCE A FARM?
2		ington (	ounty.	Hospital			nder St.			YES	NO X
3.	NAME OF DECEASED (Type or print)	First		Middle	Last	4. DAT			Day	Yee	
5.		COLOR OR RACE	ard	Henry	Randall  8. DATE OF BIRTH	DEA	9. AGE (In years	IF UNDER	8 1 YEAR	19 IF UNDER	62 24 HPS
	Male	White	7. MARRIED WIDOWED		Sept. 30, 19	007	last birthday)	Months	Deys	Hours	Min.
10	. USUAL OCCUPATION	Give kind of work	1 Joh. KIN	ID OF BUSINESS OR INDUS			or foreign country)	12. CI	TIZEN OF	WHAT	OUNTRY?
	Carpenter	lite, even if retire		construction	Hagers	town, Md			USA	7	
13.	FATHER'S NAME	0 1			14. MOTHER'S MAID		11 01				
15		larry C.K				a Devi	lle Baker				
(Y:	WAS DECEASED EVER IN (Ifyesg	U.S. ARMED FOR ive war or detas of s	CES? 16. Service) 2/		INFORMANT  ss Catherine	Randa	Address U 229 AU	Hage	ersto der S	wn, M	do
	18. CAUSE OF DEAT		cause postan	e for (e), (b), end (c).	010	A A.	1		INTE	ERVAL BET	
	PART I. DEATH WA	DIATE CAUSE (e)	Co	remon	a of old	der		-		62	, כסא
r	10154	DUE TO	11	10000					1		201
	Conditions, if eny, who		100	remin	0-1				1	44	-
	(a), steting the underly		101	11 hours	01, Liv	er			3	5 4	10
7	PART II. OTHER SIGN	VIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BUT I	NOT PLATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(a)   19	, WAS A	UTOPSY
ATIO		no	2	7					V		RMED?
CERTIFICATION	20e. ACCIDENT WAS U	NDERLYING [	20b. DESCI	RIBE HOW INJURY OCCUR	ED. (Enter nature of injury	in Pert I or Pa	rt II of item 18.)			-3 🗀	NO LES
ä	OR CONTRIBUTING C	ICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Hour a.m.	Month, Day, Ye	er 20d. IN While	JURY OCCURRED   20s. Pl	LACE OF INJURY (Home,	farm,   20f. (	City or town)	(Co	unty)		(Stele)
MED	p.m.	19	et work	at work		14	7 . 0	/	-	/	
	21. I certify that	(I) (this hospit	al) attende	ed the degeases from	Sept	., 19.6/	107268	, 19	6,1	nat (1) (	we) lest
	saw the deceased a	alive on	tes	019	at death occured et	M, fr	om the causes	and on	the da	te state	
	220. SIGNATURE	myh	6-61	up ha D.	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		2-	11-0	SIGNED
	22c. PHYSICIAN'S NAME Type	Tos	C. (	PRISP	22d. ADDRESS	Ken	c84.	Ho	· ci	nst.	own
23	BURIAL, CREMATION,	23b. DATE THE	EOF	23c. NAME OF CEMETER	OR CREMATORY	23d.	CATION (City, tov	n or coun	19)	(S	lete)
-	REMOVAL (Specify) Burial	2/11	/62	Rest Haven	Cemetery	H	agerstown			M	do
24	FUNERAL DIRECTOR'S SI	-	01	ADDRESS	25a.	REC'D BY REG		SISTRAR'S	10		
	Rest Haven	runeral	Chapel	. Hagersto	wn, Md. DATE	EB 13 '6	52 Chi	my S.	Thurs		

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Hashington

Sept. 10, 1907 34

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Jilly amotherapal 214-10-1769 Hiss noticein washell 229 Alexande St.

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#1035510-T-6060

Sidnard Howay

2/11/62 Pert James Lasters

Yest lover mureed Chaird Participation, M.

## FOR STATE HEALTH DEPT.

Cessary, es. TO DEPUTY MEDY ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no please execute the filtere, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ADDES MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02441

1. PLACE OF DEATH 40.0	2. USUAL RESIDENCE (Where deceased lived, If institution:	Pasidanca balora admission)					
a. COUNTY	. STATE Maryland b. COUNTY Wa						
Washington MARYLAND							
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Hagerstown 46 years	103 Hagerstown						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address)	d. STREET ADDRESS	a. IS RESIDENCE					
Washington County Hospital	52 Fairgreen Circle	YES NO					
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yaar					
(Type or print) Mary Sloan Reisn	er DEATH February	27 19 62					
5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In years   F UNDER 1						
	pril 16, 1877   84 yrs.   Months	Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY					
House Wife Own Home	McConnellsburg, Pa.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Thomas F. Sloan	Josephine Alexander						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	A						
(Yes, no, or unkown) (Ifyasgivawarordalasofservica)	H. Reisner Jr. Hagerstown	n Md					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	H. Reisner Jr. Hagerstown	I INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH					
IMMEDIATE CAUSE (a) Coronary Occlusion	1	Instant					
DUE TO							
Conditions, if any, which ) (b) Hypertensive Cardi	o Vascular Disease	Recent					
gave rise to immadiata causa (a), stating the undarlying DUE TO							
causa last. (c) Fracture Of Femur							
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART						
ATA ATA		PERFORMED?					
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (8	inter nature of injury in Part I or Part II of item 18.)	TES NO LK					
PRIMARY OF CONTRIBUTING X							
Popomo di anti di a	valking fell fracturing her hip	(6)					
A Hour a.m.	ory, street, office bldg., etc.)	nty) (Stata)					
10 - 2-26- 19 62 at work at work	Hagerstown, Washin	eton Md.					
21. I certify that I took charge of the remains described above, he		and in my opinion					
death resulted from: Natural causes x, Accident , Suice	ide, Homicide, Undetermined manner						
100	CHIEF MEDICAL EXAMINER						
ACTUAL SIGNATURE OF EU STILL F.	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
EXAMINER'S NAME (Type) Dr. E. W. Ditto Ir	DEPUTY MEDICAL EXAMINER 🔀 2-28-	-62					
NAME (Type) Dr. E. W. Ditto, Jr.	Addrass (Streat, city, town, or county)  CREMATORY 22d. LOCATION (City, town, or country)	(Stata)					
REMOVAL (Specify) Burial March 1, 1962 Union Cer							
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SI						
Scott F. Minnich & Son Hagerstown	, "d. DATELS 2'62 Quilling 8 #						
pood r. writtreit & poli Hager 2 comu	, "d. DAMAR 2'62 author 8, 4	Wille.					

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TO HOUSEITH OF STREETING PRINCIPLES AND STREETING OF STRE
A death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DI CLOR: After this certificate has been signed by the attending physician and completely filled in the funeral
director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages America should
be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02454
CERTIFICATE OF DEATH
02442

	747.	
a. COUNTY	2. USUAL RESIDENCE (Where decreesed fived, if institution: Rasi	
Washington MARYLAND	Maryland Wash	ington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearast town)
Hagerstown 31 yrs.	03 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
Washington County Hospital	950 Kenwood. Drive	YES NO
NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Harold Davidson	Riley DEATH February	1 19 62
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male White WIDOWED   DIVORCED	March 7, 1907   Sust birthday)   Months   Day	ys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)		N OF WHAT COUNTRY
Sheet Meatl Worker Aircraft	Shippensburg, Penna. US	A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
George Howard Riley	Margaret Rosanna Davidson	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Addrass	
Yas, no, or unkown) (Ifyasgivawarordatasofservice) 705-10-4941 Ma	rs.H.D. Riley 950 Kenwood Dr. Hager	stown Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	, solver 170 Hermoote Staffanger	INTERVAL BETWEEN
	6	ONSET AND DEATH
MMEDIATE CAUSE (a)	emonlinge	12 Vaya
DUE TO		0
Conditions, if any, which gave rise to immediate cause		
(a), stating the underlying DUE TO		
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	
( Chouse refuirfu' due to old	lus to plesmosia	YES NO
	D. (Enter nature of injury in Part I or Part II of itam 1B.)	
	ACE OF INJURY (Homa, farm, † 20f. (City or town) (County	) (State)
Hour a.m. While Not While fac	ctory, street, office bldg., etc.)	(31816)
21. 1 certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on Fello 19.5.2 and tha	t death occured a	date stated above
228. SIGNATURE	ATTENDING MED. STAFF	22b. DATE  ) SYGNED
> chian (1), X/X0 416,	M.D. PHYS. DIRECTOR PHYS.	2/3/62
22c. PHYSICIAN'S	22d. ADDRESS	201-12 U.S.
	217 West Washington St.	
NAME (Type) Edward W. Ditto 111, M. D.		
3a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		(Stata)
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)	44.4
38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 2/4/62 Rest Haven		Md
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)  2 Cemetery Hagerstown 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	Md

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funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Page 4 may be retained by the hospital or attending physician.

\$ > TO FUNERAL DIT TOR: After this certificate has been signed by the attending physician and completely filled in the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Van 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02443 09755

UN SUL	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission)  a. STATE b. COUNTY
WASHINGTON MARYLAND	a. STATE B. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL WILSONS DISTRICT 16 MONTHS	03 HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
GATEWAY CONVALESCENT HOME	132 McCOMAS STREET YES NO Q
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) JOHN WILLTAM	SAGER DEATH FEBRUARY 1 19 62
	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	IOVEMBER 11,1889   last birthday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, even if retired)	Y 11. BIRTHPLACE (County & Stata, or toraign country)   12. CITIZEN OF WHAT COUNTRY?
CARPERENT ING CONSTRUCTION	SHENANDOAH JUNCTION W.VA. U.S.A.
13. FATHER'S NAME	SHENANDOAH JUNCTION W.VA. U.S.A.
TAMES COLOMON CAGED	DD MODG DI AAV
JAMES SOLOMON SAGER  15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	FRANCES FLOOK
(Yas, no, or unkown) (Ifyesgivawarordatasotsarvice)	1003 W WASHINGTON ST
NO MRS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),  PART I. DEATH WAS CAUSED BY:	Mob & A , INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACULE	Topaliles 3week
DOX DUETO A 1 A	10141011011
Conditions, if any, which ) (b) allered to	cluster Cardiactes 2 una
gave risa to immediate cause  DUE TO	
(a), starting the uncertying	
(c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
E PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATT OF NO.	PERFORMED?
3	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO CONTRIBUTING TO BEATH BUT NO COURED OR CONTRIBUTING CAUSE OF DEATH OF CHIEF NOTIFY MEDICAL EXAMINER.	o, (Enter natura of injury in Part I or Part II of itam 18.)
ZOc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20a. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Aou a.m.	ory, streat, office bldg., etc.)
	Q B I S I S I S
21. I certify that (I) (this honoital) attended the deceased from	Jan 1962 to T. L. 1, 1962 that (1) (we) last
saw the deceased alive on	death occured 4,30M, from the causes and on the date stated above.
22a SIGNATURE	22b. DATE
Annex Drives - M	ATTENDING MED. STAFF PHYS. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DAVTO R BREWER M. D.	MAIN ST. CLEAR SPRING MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Spacify)	THE OFTEN COMMANDE AND AND
BURIAL 2-3-52 ROSE HTLL CEM	FTERY HAGERSTOWN MARYLAND
Janks M Paux	EPO P 100
SUTER-ROUZER FLATERAL HOME HAGERSTOWN MAR	YLAND DATE FEB 7 '62 Cithur & Kinus

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02456

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	C	E	RT		FI	C	A	TE		Q	F	D	EA	1	H	

02444

		CE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	lence before edmission
		Shington MARYLAND	a. STATE b. COUNTY	
	b. CIT	TY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 1b	Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest lown)
		Boonsboro 8 Mos	03 Hagerstown	
		AME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
		Reeder Nursing Home	47 Delwood Ave	YES NO
1	3. NAN	ME OF First Middle		ey Year
		or print) CLARENCE NEWTON S	AUM DEATH Feby 9 1962	19
	5. SEX		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
	Ma	le White WIDOWED DIVORCED	May 7 1886 75 yrs. Months Day	s Hours Min.
	10e. US	UAL OCCUPATION (Give kind of work pring most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
		cel Operator	Hagerstown Wash Co Md. US	A
		HER'S NAME	14. MOTHER'S MAIDEN NAME	
	-APT	George C. Saum	Sina Worden	
	15. WAS	S DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		
	(Yes, no.	or unkown) (Ifyes give wer or detes of service) 314-09-7608 M	rs Vera C. Saum 47 Delwood A	TTO
	18.	CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	F 7 // 3	ONSET AND DEATH
		145 IMMEDIATE CAUSE (0) Seneralized a	Minscleion	990
		ODUE TO	- A. F.	/
		ditions, if eny, which (b)	sentilly	
		stating the underlying DUE TO		
		se lest. (c)		
	NO NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?
	I S			YES NO
)	₩ OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH INTER, NOTIFY MEDICAL EXAMINER!	D. (Enter neture of injury in Part I or Part II of item 18.)	
			ACE OF INJURY (Homa, ferm, 1 20f., (City or town) (County)	(Stete)
	WEDICAL 20c		ACE OF INJURY (Homa, ferm, 20f. (City or town) (County) tory, street, office bldg., etc.)	(31616)
	W W	p.m. 19 at work at work		
	21.	I certify that (I) (this hospital) attended the deceased from.	Dec 10, 1962 10 Colo 7, 1962	, that (I) (we) la
		v the deceased alive on Felt 8 1967, and that	t death occured at S.MM, from the causes and on the	date stated above
	22e.	. SIGNATURE	ATTENDING , MED. STAFF	V/ 22b. DATE
		M. U. V.	A.D. PHYS. DIRECTOR PHYS.	110/62
	22c.	PHYSICIAN'S NAME (Type)	22d. ADDRESS	2 //
		G. Wihlban	Donslow,	ud
		RIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	13	urial 2/12/62 Rose Hill (	Cemetery Hagerstown Wash	Co Md
		ERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGI	
1		ndrew K. Coffman Hagerstown Md.	DATEFER 13'62 Circhun S. The	au A

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Andrew M. Voltan a depose of the versual

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DE CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon cappers. Pages 7 1, 3 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MAI	RYLAND STATE DEPARTMENT O	r mealin
<b>DIVISION OF STATISTICAL RESI</b>	EARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
09157	CERTIFICATE OF DEATH	0000

	02457	CERTIFICATE	OF DEATH		02	32-
1. PLACE OF DEAT	H		2. USUAL RESIDEN			ince below admission)
	ashington	MARYLAND	e. STATE	land b.	COUNTY Wo shi	ngton
b. CITY OR TOWN	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits	s, write RURAL and give	nearest lown)
Rural Had	rerstown ITAL OR INSTITUTION (if n	of in hospital, give street address)	Hancock d. STREET ADDRESS	Maryland		e. IS RESIDENCE ON A FARM?
Gate Wav	Nursing Ho	ome	Hancock	Maryland		YES NO.
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month Da	y Yeer
(Type or print)	Charle	s Mathias	Sensel	DEATH	2 6	19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 18	DATE OF BIRTH	9. AGE (In last birth	yeers   IF UNDER 1 YEAR	R IF UNDER 24 HRS.
M	1	WIDOWED DIVORCED J	an.27.1880	82	уга.	Tiours ///
10e. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	nty & State, or foreign co	untry)   12. CITIZEN	OF WHAT COUNTRY?
Carpente	r	Carpenter	Hancock		U.	S.A.
Uann	er Comes?		D.3	T 307		
15. WAS DECEASED EN	y Sensel		NEDECC	a L Weave:	ddress	Ma
No No	(If yes give we ror dates of serv	211.16.4124A	Mica Mon	Sensel 1	8 W.High	Md.
	DEATH (Enter only one ca		Miss Mary	benseT T		St. Hancoc
	TH WAS CAUSED BY:	(13 a mars & a	harry		C	ONSET AND DEATH
111/	IMMEDIATE CAUSE (a)	Du richo	gerun	monie	_	10ccuys
161	DUE TO	11 1.	1)	1.11.		11 1100
Conditions, if an	y, which	Hypoun	sive t	ycuro	21c	4400,
geve rise to Immed	DUIE TO	(1)				,
(a), stating the cause last.	underlying	V /				
	R SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHE  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)					,	PERFORMED?
20a. ACCIDENT W	VAS UNDERLYING   2	Ob. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part II of item 18	3.)	
	CAUSE OF DEATH					
20c. TIME OF INJ	URY Month, Dey, Year		CE OF INJURY (Home, farm		(County)	(Stete)
Hour e.m.	10	While Not While tech	ory, sireer, office oldg., elc	"		
Positi			11 72	10/2004115	-6. 1062	That (I) (we) last
		attended the deceased from		9		
	sed alive on	22196. Land that	death occured at./.	W.J.M, from the ca	uses and on the	
22a. SIGNATURE	widke	Brewer "		MED. STAFF		22b. DATE SIGNED
22c. PHYSICIAN'S			22d. ADDRESS	A.	1 lu	1 2 4/.
NAME (Type	David 1	Y. Brewer	Cleo	er oper	ung 116	1.2/8/62
REMOVAL (Specify					ity, town county)	(Sfate)
Buris		Tonoloway E	Baptist		ounty Per	
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			b. REGISTRAR'S SIGN	ATURE
Howard V.	Grove Hans	och Ind.	DATE	<b>B</b> 1 3 '62	Chound A. 100	
11	The state of the s					

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MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02446

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
e. COUNTY	STATE     MARYLAND     b. COUNTY     WASHINGTON
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	FUNKSTOWN  d. STREET ADDRESS  o. IS RESIDENCE
	ON A FARM?
101 EAST MAPLE STREET	101 EAST MAPLE STREET YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) WILBUR WELLINGTON	SHEPLEY DEATH FEBRUARY 14 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	NOV 12 1891 67 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
carman RATT.ROAD	MYERSVILLE MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TOTAL OF AVEOUR CHERTERY	CHEAN COOCCUTOUTE
JOHN CLAYTON SHEPLEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	SUSAN GROSSNICKLE
(Yes, no, or unkown)   (Ifyesgive wer or detes of service)	
	S. WILBUR W SHEPLEY FUNKSTOWN MARYLAND
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) Myocardial Infai	rct 15 min
DUE TO	
	c coronary artery disease yrs
geve rise to immediate ceuse (e), stating the underlying DUE TO	
ceuse lest. (c) Generalized art	teriosclerosis yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1st HMA	PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 1B.)
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1 10110	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	ory, street, office bldg., etc.)
	none !
	July 26, 1961, to Feb. 14, 1962., that (1) (we) last
saw the deceased alive on Feb. 13 19.62, and that	death occured at 1:300 from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Harold R. Tritch of	.D. PHYS. DIRECTOR PHYS. D 2-15-62
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
HR TRITCH JR M. D.	302 N. POTOMAC ST. HAGERSTOWN MARYLAND
230. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
BURIAL 2-16-62 ROSE HILL CEM	ETERY HAGERSTOWN MARYLAND
24 FUNERAL DIRECTOR'S SASTATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
SUTER ROUZER FUNDRAL HOME HAGERSTOWN MAR	YLAND DATE FFR 1 9 162
THE THE TOTAL TOTAL THOUSE OWN TIME	ILAND DATE FER 1 9 62   Gring S. Tomas

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02459

CERTIFICATE OF DEATH 02447

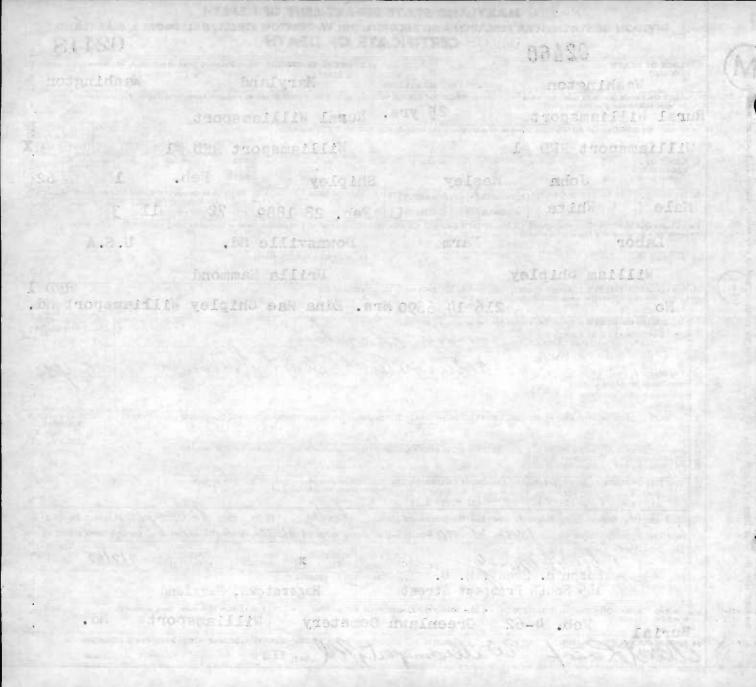
n 1				
H	i. PLACE OF DEATH a. COUNTY		E (Where deceased lived, If institution: Reside	nce before edmission)
1	Washington MARYLAND	a. STATE	d Washington	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)	c. CITY OR TOWN (H	outside corporate limits, write RURAL and give	neerest town)
	Hagerstown 1 Mo	03 Hagers	town	
П	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
	Western Md State Hospital	931 Sal	em Ave	ON A FARM?
	3. NAME OF First Middle DECEASED	Last	4. DATE Month De	Yeer
		FTRON	DEATH FEB. 12	- 1962
		. DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 YEAR	
	Male White WIDOWED DIVORCED	Oct 14 189	3 (68 yrs. Months Deys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Count	y & State, or foreign country)   12. CITIZEN	OF WHAT COUNTRY?
	Upper Cutter Hag Shoe Co	Edonville	Franklin Co U	SA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN		
1	Jacob Shetron	Ella.	Taylor	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If	NFORMANT	Address	
		Mande L.	Shetron 931 Salem	Arra
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		Hagerstown   1	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PUL MONARY	CONGEST	Hagerstown B	4 DAYS
	333 X DUE TO			
-	Conditions, if eny, which \ (b) CEREBRAL	THROM BO	212	3 MONTH
	geve rise to immediate cause (a), stating the underlying  DUE TO			
	couse last. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART 1(+)	19. WAS AUTOPSY PERFORMED?
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO BY HYPERTENSIVE HEART DISEM	25E - PULM	ONARY EMPHYSEM	YES NO
	206. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING _ CAUSE OF DEATH OF THE CONTRIBUTION OF THE CAUSE OF TH		ert I or Part II of item 1B.)	
		CE OF INJURY (Home, farm,		(State)
	Hour e.m.  p.m.  While Not While et work et work	ory, street, office bldg., etc.)		
	21. I certify that (I) (this hamital) attended the deceased from	1-16- 1	1962, 10 2 - 12 - , 1962	that (I) (use) last
	saw the deceased alive on 2 - 12 - 1962, and that	death occured at 2.3	5.M. from the causes and on the	date stated above
	22e. SIGNATURE			22b. DATE
	Antouis U. Pellayrors M	Manage To man	ED. STAFF	SIGNED
		22d. ADDRESS	1	111
	NAME (Type) ANTONIO U. PALLAGROSI	1500 Pa	Are. Hagerto 6	n Ml.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY	23d. LOCATION (City, town or county)	(Stete)
	Burial 2/15/62 Rose Hill	Cemeterv	Hagerstown Wash C	o Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 11	25a. REC	D BY REGISTRAR 256. REGISTRAR'S SIGNA	ATURE
	Andrew K. Coffman Hagerstown Md.	DATE	FEB 15'62 wing S.	Thank

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DIVISION OF S		EARCH AND RECORDS, 3	01 W. PRESTON	STREET, BALTIMORE 1	
	02460	CERTIFICATE			0244
COUNTY				(Where decaased lived, If institution	

02500			
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decases		idenca befora admission)
Washington MARYLAND	a. STATE Maryland	b. COUNTY Was	hington
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	limits, write RURAL and g	iva naarast town)
Rural Williamsnort 25 yrs.	D 7 174 7 7 4	. Y	
Rural Williamsport 25 yrs.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Runal Williamspor	T	e. fs residence
			ON A FARM?
Williamsport RFD #1	Williamsport RF	The same of the sa	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE	Month	Day Year
(Type or print) John Wesley	Shipley DEATH H	Teb. 1	19 62
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (fn years   IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Feb. 28 1889 72	birthday) Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST	1000 2007	1	N OF WHAT COUNTRY?
done during most of working lifa, aven il retired)			
Labor Farm	Downsville Md.	U.	S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
William Shipley	Urilla Hammor	ıd	
	INFORMANT	Addrass	RFD I
(Yes, no, or unkown) (Ifyas give war or datas of servica) 216 14 6690 MI	s. Edna Mae Shiple	ey William	sport Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0 1		INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	James Rules		ONSET AND DEATH
IMMEDIATE CAUSE (a) ( Towary / A)	asmis vier		Amuri link
Conditions if any which?	ti Heart Dises	•	
(b) a	etic/react Nasles	re	6412
gave rise to immediata causa			
(e), stating the underlying cause last.			
	OT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1	a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N			PERFORMED?
	D (F	- 10 )	YES NO X
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   CONTRIBUT	D. (Entar nature of injury in Part I or Part II of its	im 10.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20a. PL	ACE OF INJURY (Home, farm, 20f. (City or to	wn) (County	r) (Stata)
nour a.m.	tory, street, office bldg., atc.)	- 1	
	1.6.	February 100	
21. I certify that (I) (this hospital) attended the deceased from			that (I) (we) last
saw the deceased alive on. fall 2/ 1962, and the	t death occurred at 1.1.17.0M, from the	causes and on the	e date stated above.
22a. SIGNATURE	ATTENDING MED. ST	TAFF 0./c	22b. DATE SIGNED
Carried Marry		14s. 🗌 4/4	2/52 SIGNED
22c. PHYSICIAN'S Edson B. Moody, M. D.	22d. ADDRESS		
NAME (Type) 145 South Prespect Street	Hagerstown, Mar	ryland	
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION	N (City, town or county)	(Stata)
REMOVAL (Specify) Heb. 4-62 Greenlawn	10000	msport	Md.
Burial	25a, REC'D 8Y REGISTRAR		CNATURE
24 EUNERAL DIRECTOR'S STONATURE	- // // //	- A	10
accord to the	1 DATE FEB 6 '62	Chilmen S.	VURAAM.



1 (N	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= 7	1	02461 CERTIFICATE OF DEATH 02449
the funeral death.		PLACE OF DEATH  L. COUNTY  MARYLAND  D. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest lown)  C. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest lown)
completely filled in the papers. Pages Minin 72 hours after	3.	A. STREET ADDRESS  I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  II. NAME OF HOSPITAL  II. STREET ADDRESS  III. DATE ON A FARM?  VES NO NO NO NOT THE STREET ADDRESS  III. DATE OF DECERSED OF DEATH
physician and e remove carbo	10a	MALE WHITE WIDOWED DIVORCED JUNE - 30.1899 62 yrs. 7 10 Hours Min.
rsician. d by the attending permit. Then pleas or removal, and it	15. (Yo	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  INFORMANT  INFORMANT  INFORMANT  Address Addres
is certificate has been signe for use as the burial-transit prior to burial, cremation.	CERTIFICATION	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  Benica haphrosclassis, Modulus hyperplanis prostote, Coronary Sclassis Carry YES No   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INSORY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
TOR: After the do by the the do be detached to Dept. of Health	MEDICAL C	20c. TIME OF INJURY Hour a.m.  p.m.  19  20d. INJURY OCCURRED And While at work at wor
FUNERAL DI ector, page 3 sec- filed with the State		220. SIGNATURE  Schwarlw. DINO III, M.D.  ATTENDING MED. STAFF PHYS. DATE SIGNED  221. PHYSICIAN'S NAME (Type) Edward W. DiHO III, M)  ATTENDING MED. STAFF PHYS. DATE 221. ADDRESS 21) W. Washing for SY  Hagerstown, MO
VR AIS (4) 1SM 7/61	1	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote)  REMOVAL (Specify)  JEB 12,1962 MOUNTAIN VIEW CEMETERY SHARPSBURG WASH, CO.M.P.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE: 16 162 Outling & Krane

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# FOR STATE

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	STREET,	BALTIMORE	1, MARYLAND
02462	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF I	DEATH	02854

028 E 4

Washington   Maryland   Maryland   Maryland   Wash.   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   Maryland   Mar	-1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
write RURAL and give nearest lown Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  807 Interval Road  3. NAME OF DECEASED Trypa or print)  5. SEX  6. COLOR OR RACE White White Widowed  White Widowed  Monoth Death Feb. 21, 1962  Monoth Death Feb. 16, 1894  Monoth Death Feb. 21, 1962  Monoth Death Feb. 26, 1989  Monoth Death Feb. 16, 1894  Monoth Death Feb. 21, 1962  Monoth Death Monoth Death Feb. 21, 1962  Monoth Death Monoth Death Feb. 21, 1962  Monoth Death Monoth Death Monoth Death Feb. 21, 1962  Monoth Death Monoth Death Feb. 16, 1894  Monoth Death Monoth Death Monoth Death Feb. 21, 1962  Monoth Death Mo		Washington MARYLAND	
Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  807 Interval Road  d. STREET ADDRESS  807 Interval Road  3. NAME OF DECEASED  DECEASED  Samuel  Joseph  Simmons  DEATH  Feb. 21, 1962  5. SEK  G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  male  white  whowe   Middle  Last  DEATH  Feb. 21, 1962  6. STREET ADDRESS  807 Interval Road  Last  DEATH  Feb. 21, 1962  Teb.	Y	write RURAL and giva nearast Jown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town)
807 Interval Road    Some		Hagerstown 1948	
SOT Interval Road   Solution	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address)	ON A SARAS
DECERSED (Type or print)  Samuel  Joseph  Simmons  DECERT  Feb. 21, 19 62  5. SEX  G. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  White Widowed D DIVORCED Feb. 16, 1894  Teb. 16, 1894  Teb. 16, 1894  Moniths Days Months D	,		807 Interval Road
male   White   WIDOWED   DIVORCED   Feb. 16, 1894   680   Months   Days   Hours   Hour	3.	(Typa or print) Samuel Joseph	OF THE PROPERTY OF THE PROPERT
Manual   M	5.	mala white	Inst highday)
George Simmons  Lucinda Aronhalt  15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT  (Yes, no, or unkown) [If yes giva warordelas of service] 232-03-2243 Clarence Simmons, Hagerstown, Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture Of Left Ventricle With Hemopericardium  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING [1]  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Hem 1B.)	10 d	one during most of working life, even if retired)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes giva war or datas of service) 232-03-2243 Clarence Simmons, Hagerstown, Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY: (b) Rupture Of Left Ventricle With Hemopericardium Recent (b) Myocardial Infarction Left Ventricle Anterior Recent (a), stating tha undarlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO  20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.)	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(a), stating tha undarlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  (b) Myocardial Infarction Left Ventricle Anterior Recent Recent Recent Conditions, if any, which gave rise to immediate cause (a), stating the undarlying Color of the terminal disease condition given in Part II.  (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING COURSE. (Enter nature of injury in Part I or Part II of Item 18.)		George Simmons	Lucinda Aronhalt
18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture Of Left Ventricle With Hemopericardium  DUE TO  Conditions, if any, which gave rise to immediate cause (b) Myocardial Infarction Left Ventricle Anterior Recent  (a), staling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO PERFORME YES NO  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.)		for an an analysis of the second state of the	NFORMANT Address
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture Of Left Ventricle With Hemopericardium  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO PERFORME YES NO  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	1	232-03-2243 C	larence Simmons, Hagerstown, Md.
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b) Myocardial Infarctic  (b) Myocardial Infarctic  (c)	on Left Ventricle Anterior Recent Recent  T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)   19. WAS AUTOPSY
	S		
			nter nature of injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Description of the control of the contr	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE 19 PLA	
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opini		21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes 🔀, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined manner		death resulted from: Natural causes , Accident , Suici	de, Homicide, Undetermined manner
CHIEF MEDICAL EXAMINER		10.54	CHIEF MEDICAL EXAMINER
SIGNATURE A COLOR AND ASSISTANT MEDICAL EXAMINER DATE SIGNED			M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type)  Dr. E. W. Ditto. Jr.  Address (Street, city, town, or county)		NAME (Type) D. R. W D: ++ T-	Address (Street city town or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) burial 2-24-62 Accident Cemetery Accident, W. Va.	22	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 2 21 62	CREMATORY 22d. LOCATION (City, town, or country) (State)
23. FUNERAL DIRECTOR ADDRESS 248. REGISTRAR'S SIGNATURE			
Scott F. Minnich & Son, Hagerstown, Nd. DATE FEB 26'62		Scott F. Minnich & Son, Hagerstown	1, Md. DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the filter, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward of to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

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### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edifficient 1. PLACE OF DEATH a. COUNTY Washington COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) Write RURAL end give neerest town) Hagerstown days Rural- Mversville E within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Washington Co. Hospital YES NO Route # Middle 4 DATE Month DECEASED 1962 THOMAS KELLER February (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and lest birthdey) male WIDOWED TX DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) own gen. farm Frederick Co. Md. U.S.A. Farmer please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician. signed by the attending p Josiah Smith Ellen Fox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Gorman J. Smith, Myersville, Md. Rt.#2 219-36-2635 INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). After this certificate has been signed by tached for use as the burial-transit permi ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial IMMEDIATE CAUSE (e) DUE TO Bronchial Pneumonia if any, which geve risa to immediate ceuse DUE TO (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? as NO Y prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED factory, street, office bldg., etc. While Not While Hour e.m. et work et work TOR: 22e. SIGNATURE STAFF doath. Page 4 O FUNERAL 1 Jirector, par DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Mapriland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Wolfsville, Frederick Co.Md Feb.26, 1962 St. Mark's Lutheran H 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE FEB 2 7 '62 arilwa & France 15M 9/60 Bittle. Myersville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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SMITH February 25

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Pamer oun west farm Fromerick Co. Co. C. U.S.A.

219-36-2635 Cornan J. Smith, Bysrsville, Mt. Ct. 28.

Surial Seb.26, 1962 St. Mark's intheren Wolfsville, sucherick co. Ma

su' . Sittle, Myersville, A.

26150

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CE OF DEATH OUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmi on STATE Maryland b. COUNTY Washington

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
a. COUNTY Washington MARYLAND	• STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerast town)
Hagerstown 3 years	13 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
Western Md. State Hospital	18 W. Wilson Blvd.
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) BERTIE MILDRED	SMOUSE DEATH FEB. 15 1962
7. Michael Treat Michael	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  Obst birthday)   Months   Days   Hours   Min.
Female White WIDOWED DIVORCED A	ug. 4, 10/9   02 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life aven if estimat)	11. BIRTHPLACE (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY?
Clerk Mem's Clothing	Rowlesburg, W. Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel N. Shaffer	Nancy Pugh
	NFORMANT Address
(Yes, no, or unkown) (Hyesgivewarordatasofservice)	s. Florence A. Stouffer Glen Echo, Md
18. CAUSE OF DEATH [Entar only one cause par lina for (a), (b), and (c).]	I INTERVAL BETWEEN
	URINARY BLADDER ONSET AND DEATH RS
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), saing ina uncerying	
cause last. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO.	PERFORMED?
3 GENERALIZED PATERIOSCLEROSI	S-HYPERTENTION YES NO B
SENEABLIZED PARTERIOSCLEROSI.  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  OF THERE, NOTIFY MEDICAL EXAMINER!	(Entar natura of injury in Part I or Part II of itam 18.)
	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State)
Hour e.m. Whila Not Whila facto	ry, straet, office bldg., etc.)
	2 1/- 156. 2-15- 10/2 11/0/ ) 1
0 1/2	2-16-, 1959 to 2-15-, 1962, that (1) (wa) last
saw the deceased alive on 4. 196.4, and that	death occured at J. H.M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF I SIGNED
Hutorio U. Tallogram M.	NINE TO STATE OF THE STATE OF T
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) ANTO NIO U. PALLAGROSI	1500 Pa Arc Magerstown Its
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 2-17-62 Rose Hill C	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown	Md. DATE FEB 1 9 '62 Cathur S. traus

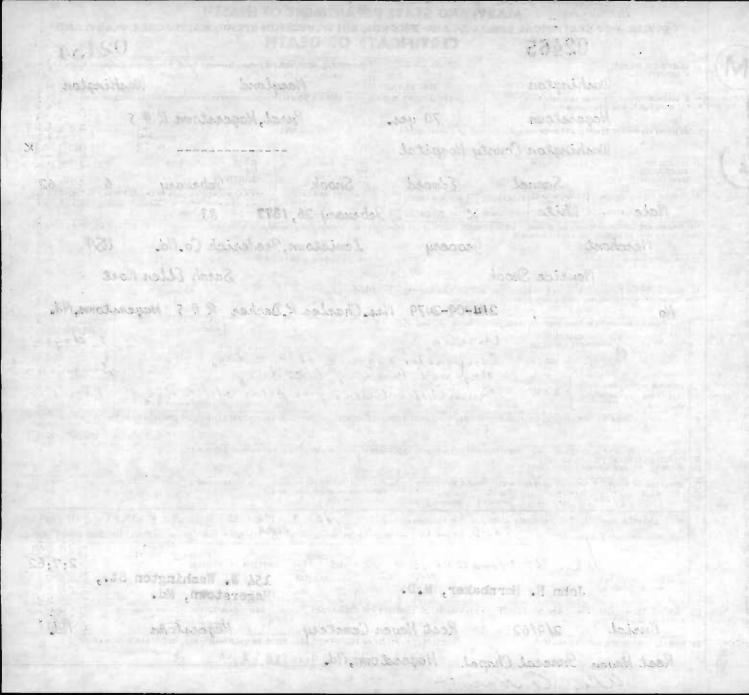
18 V. Wilson Mive. Mastern Mr. State Hespital Scalls white war a war and a land dom's Clothing Rowleshor, W. No. Walled . L. Leinau Mrs. Slorence & Stouffer Clen Echo . dat. or at the respect to the contract of the second of the sec

Soott . . Minnioh T Son Harerstonn, Md. .

VR A15 (4) 15M 7/61

DIVISION	02465	RESEARCH AND RECORD CERTIFICA	S, 301 W. PREST	ON STREET, BALTIMOR H	02451
1. PLACE OF DEAT a. COUNTY	Washington	MARYLAND	e. STATE	CE (Where deceased lived, If Instituted b. COUNTY	tution: Residence before edmission) Washinaton
write RURAL an	(if outside corporate limits, and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 16	X Rur	If outside corporate limits, write RU  al, Hagerstown R	# 5
d. NAME OF HOSP		ounty Hospital	d. STREET ADDRESS	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month OF DEATH Jebruary	6 19 62
5. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	Snook DATE OF BIRTH  ebruary 26.1	last birthday) Me	
done during most of w	NION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Could	Prederick Co.Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Maurice Sn	ook	14. MOTHER'S MAIDEN	Sarah Elle	n Mort
Conditions, if en gave rise to imme (a), stating tha cause last.	diete cause underlying DUE TO	Confirming to DEATH BUT NO	ulus form p	due of 1. kidus	0
OR CONTRIBUTION	WAS UNDERLYING   20 G   CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	, (Enter neture of injury in	Pert I or Part II of item 18.)	
20c. TIME OF INJ Hour a.m.			CE OF INJURY (Home, far lory, street, office bldg., etc		(County) (Stete)
	that (I) (this hospital) ased alfve on	attended the deceased from. 2-6-19-61, and that			d on the date stated above
22e. SIGNATURE	John Its	I. Lom Ga Mer M	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 2:7:62
22c. PHYSICIAN' NAME (Typ		M.D.	22d. ADDRESS	154 W. Washingt Hagerstown, Md.	
	2/9/62 DR'S SIGNATURE	Rest Haven	Cemetery 25a. RE	23d. LOCATION (City, town of hagerstown CD BY REGISTRAR 25b. REGISTRAR 1 3 762	Md.
24 FUNERAL DIRECTOR Rest Ho	2/9/62	Chapel Hagerst		C'D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE b. CITY OR TOWN (if outside corporate limits, 12 th MARYLAND MARYLAND IN ASHING TON c. LENGTH OF STAY IN th c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) HAGERSTOVYNI d. STREET ADDRESS . IS RESIDENCE ON A FARM? WASH NAME OF YES NO DE DECEASED 087 (Type or print) Rost 318 مل 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | last birthday) Months TENALE WHITE WIDOWED yrs. physician 12. CITIZEN OF WHAT COUNTRY remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE done during most of working life, even if retired NEAR BOONSBORD WASH COMO, U.S.A. HOUSE 1 WIFE please the attending RECOKD Then loval, (Yes, no, or unkown) | (If yes give war or detas of service APEN 18. CAUSE OF DEATH | Enter only one cause per line for (e), (b), and (c) has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ventricular fibrillation minutes IMMEDIATE CAUSE (e) Arterioclerotic heart disease Indefinite gave rise to immadiate causa DUF TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? Cholecystitis, acute; Cataracts, bilateral, Senile dementia. NO V 2Da. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Day, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, | 20f. (City or town) - - factory, street, office bldg., etc.) et work at work CTOR: Fanuary 31,0 196and that death occurred 1/5AM, from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE 22b. DATE SIGNED director, page 3
director, page 3
be filed with the DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Robert F. Keadle Hagerstown, Md. 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) SUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE FEB 6 arthur & House

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 02467 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY e. STATE Washington Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Day Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? Washington County Hospital YES NOT West Franklin 3. NAME OF DECEASED OF (Type or print) HARRY DEATH PATRICK Febv 1962 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours Male WIDOWED rebv 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hagerstown Wash Co Md. USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Sprankle Phyllis Long 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) No Harry Sprankle 57 W. Franklin St None 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONS T AND DEATH Hagerstown PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geva rise to immedieta cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, (County) (State) Month, Day, Yaar fectory, street, office bldg., etc.) While Not While at work at work saw the deceased alive on...... 226 DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Wash Co Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS circiner S. Thouse Coffman Hagerstown Md. Andrew K. DATEER 8

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# MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 02457

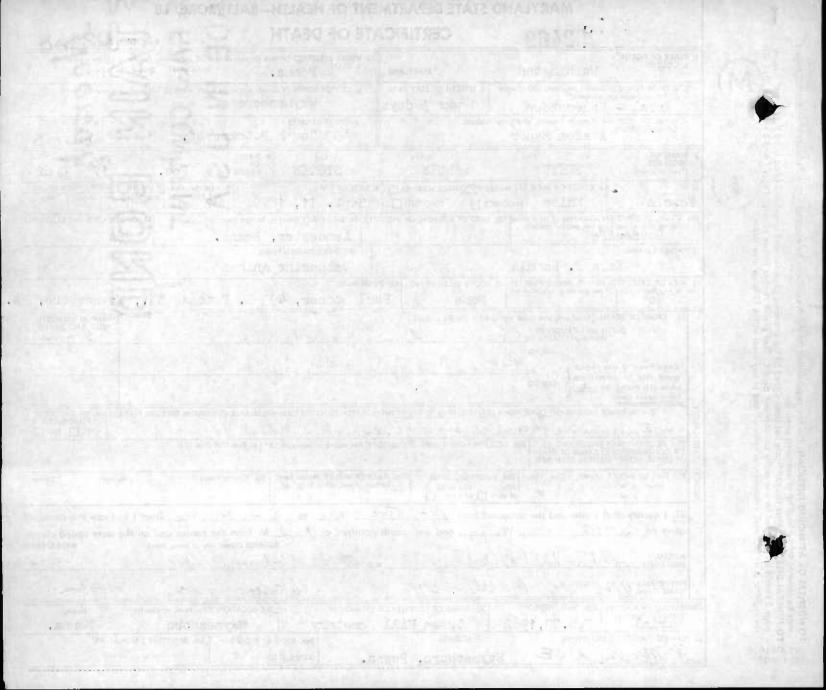
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacassed lived, If institution: Rasidence before admission
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
writa RURAL and give nearast town)	(2
RURAL HAGERSTOWN 2 YEARS	0.3 HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
GATEWAY CONVALESCENT HOME	435 GEORGE STREET
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)	STANLEY OF DEATH FEBRUARY 13 19 62
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	STANLEY FERUARY 13 19 62  B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	last birthday) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	DEC 18 1878 83 yrs.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOMEMAKER	SHENANDOAH VIRGINIA U.S.A.
13. FATHER'S NAME	SHENANDOAH VIRGINIA 1 0.5.A.
TRIVNICENT	UNKNOWN
UNKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown)   (Ifyes give war or dates of sarvice)	INTORNANI
	ASHINGTON COUNTY WELFARE BOARD HAGERSTOWN MI
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	( maliac Tailine 3hrs
1 4 5 4 6	
DUE TO	- Mallagon 1 1 1 1 1 1 1 1
Conditions, if any, which gave rise to immediate cause	Terreto des 10 que
(e), stating the underlying DUE TO	
causa last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO THE PROPERTY OF CONTRIBUTING TO CAUSE OF DEATH TO THE PROPERTY OF CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTING TO DEATH BUT NO CONTRIBUTING	PERFORMED? YES NO
S A CORENT WAS INDEPLYING FO LOOK DESCRIPT HOW INHIBN OCCUPATION	I transf Park
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter natura of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)
at week at week	ctory, street, office bldg., atc.)
	8. P. 12 12 12 12 12 12 12 12 12 12 12 12 12
21. I certify that (I) (this hospital) amended the deceased from	7 3- (11) 1/2
saw the deceased alive on	t death accured action, from the causes and on the date stated above
228. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
1 HONTON XXIIIVEL N	A.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DAVID R BREWER M. D.	MAIN STREET CLEAR SPRING MARYLAND
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
BURIAL 2-16-62 ROSE HILL CEM	
24 Uneral Pregron's Signature ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
SUTER-ROUZER FUNERAL HOME HAGERSTOWN MA	RYLAND DATE FFR 1 9 '62

1625 23 MEDILE RICHER SEN CETE AT BONK ALES CLOSED BOXE 45 A 21 78 21 78 45 A.P. F AND MAN THE STATE OF THE THE MEDICAL PROOF STATE AND STATE ST Colored Tolk Colored Tolk Colored BEAUTY AS EMPTY MAD THE STREET STATE OF MESTAGE PLANT C-16-62 ROSE HOLD OROSELEN THE RESERVE THE PROPERTY AND THE PARTY OF TH

## MARYLAND STATE DEPARTMENT OF HEALTH\_BALTIMODE 19

	02469	CERTIFICA	ATE OF DEAT	Н	Um	Reg. Dist. N	22458
o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (M. STATE Penns		ed lived. If instituti b. COUNTY		
RURAL ond give ne Rural -	Hagerstown	4 wks 5 days	c. CITY OR TOWN (IF	outside corp		RURAL and give n	earest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give street Avalon Manor	oddress)	d. STREET ADDRESS 493 South	h Poto	mac St.		e. IS RESIDENCE ON A FARM? YES NO
. NAME OF DECEASED (Type or print)	EDITH First	Middle LANDIS	STONER	4. DATE OF DEATH	Mor Feb		7 19 62
sex Female	White widow		s. DATE OF BIRTH Sept. 11,		9. AGE (In years last birthday) 82 yrs.	Months Days	Hours Min.
Housewi	ON (Give kind of work done 10b. ing life, even if retired) .1e	KIND OF BUSINESS OR INDU	Lancaster	r, Pen		12. CITIZEN USA	OF WHAT COUNTRY
	ra F. Landis		Catherine		es		
NO NO	R IN U. S. ARMED FORCES? 16.		aul Stoner,	493 S.	Potomac		ynesboro,
artis	DUE TO  CC  CLUSTER SIGNIFICANT CONDITIONS CONSTITUTE HEART	CONTRIBUTING TO DEATH BUT	lifection 4	utral	Valve	/EN IN PART 1(o)	2 years  19. WAS AUTOPSY PERFORMED? YES NO 4
(IF ETHER, NOTIFY	MEDICAL EXAMINER)	_ Not while to	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (Cir	y or lawn)	(County	(State)
	Land W. M.	ed from / - 5-		2,_M, fra		and an the de	saw the decease ate stated above DATE SIGNE 2-1 9-4
Po. BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREOF Feb. 20, 1962	22c. NAME OF CEMETERY O		fig. LOCA	TION (City, town, or aynesboro		(Stote) Penna.
S. FUNERAL DIRECTOR'S	- W-	ADDRESS aynesboro, Pen		D BY REGIS		STRAR'S SIGNATU	

VS A15 (4) 15M 10/57



	MAR DIVISION OF STATISTICAL RESE	YLAND STATE D ARCH AND RECORD						OPF 1 M	PVIA	ND
	02470	CERTIFICA							453	
1.	PLACE OF DEATH		2. U	BUAL RESID	ENCE (W	/here de	sceased livad, If	institution: Resid	lanca befo	re admission)
	* COUNTY WASHINGTON	MARYLAND	0.	STATE MAE	RYLAI	ND	b. COUN	WASH:	INGT	ON NC
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c.	CITY OR TOW	'N (If outsi	de corp	orate limits, writ	RURAL end gi	va neeresi	lown)
	DAGERSTOWN	LIFE	03		ERST	NWC				Decimental
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos WASHINGTON COUNTY HOS	PITAL	1	86 N.	PRO	SPE	CT ST.		C	RESIDENCE N A FARM?
3.	NAME OF First	Middle		Lest		DATE	Mont	n D	ay 1	eer
	(Type or print) ETHEL MI		TUR	TZ		EATH	T. TOTALL		42	9 62
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED   B		OF BIRTH		9	. AGE (In years last birthday)	Months Day		DER 24 HRS.
-	FEMALE WHITE WIDOWE		when f	12/190			54 yrs.		1	
10	one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. B	SIRTHPLACE (C	County & S	tete, or	foreign country)			T COUNTRY?
13	FATHER SEWER	DRESS MFG. C	0 .	OTHER'S MAID	RYL	A 40 E Mar		U.	3. A.	
	STANLEY PALMER		Н	ATTE	ITN	VER				
	was Deceased Ever IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. 1		the sea with the start	144		Addres	FSTOW	. 3	ID.
, ,	140	274-09-4749	MR.	ELVIN	STI	JRT:		STOTOVI	A 1	aD.
	18. CAUSE OF DEATH [Enter only one cause per ]	e for (e), (b), end (c).]	7	Do	0	etols tools i	)		INTERVAL ONSET AN	
	PART I. DEATH WAS CAUSED BY:	y Chang	1	tur	no	72	الم		570	much
	720 DUE TO	3 0 /	0.	-	0		. 0.		7	-
	Conditions, if any, which	merce cu	an	W	لك		) LIA		- 4	
	gave rise to immediate cause (a), steting the underlying DUE TO									
	cause last.									
ON	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO BE SAI BUT NO	T RELAT	ED TO THE TER	RMINAL DI	ISEASE	CONDITION GIV	EN IN PART 1(a		S AUTOPSY REORMED?
ICAI	Ges	rug							YES	NO Z
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURED	. (Enter i	neture of injury	in Pert I c	or Pert II	I of item 1B.}			
MEDICAL				NJURY (Home,		of. (City	y or town)	(County)		(Stete)
MEDI	Hour a.m. While at wor	THE PART OF THE PA	ory, stree	er, office bldg.,	eic.)					
	21. I certify that (I) (this hospital) aftern	ded the deceased from	TI	U F	196	) to.	1ef-	16, 196	, that (I	) .(we) last
		19 6 and that	death	occured at	7.3M	, from	the causes	and on the	date sta	ted above.
	220. SIGNATURE	00		TTENDING .	MED.		STAFF			2b. DATE
	AHOR	" M	.D. Ph	IYS.	DIRECT	OR [	PHYS.	Tu	10	1762
	22c. PHYSICIAN'S NAME (Type) THE COCK	Ch loy	22	d. ADDRESS	40	-	rist	m	1	W
- 22	BURIAL, CREMATION, 23b. DATE THEREOF	1230 NAME OF CEMETRY	OR CRE	MATORY	1236	1 160	TION (City, to	wn or county)	f	(Stete)
23	REMOVAL SPECIFIC				230		GERSTO	MINI MID		,
24	FUNERAL DIRECTOR'S SIGNATURE	REST HAVE	EN C	7 a 25a.	REC'D BY		- 2021010	GISTRAR'S SIGI	NATURE	
6	VI Mes to Ha	sers land	The		MAR	1 '6		8. 4	-	
	10 much	1 miles	- a	1 1	MINT	-				

	U	2471		CERTIFICA					
	PLACE OF DEATH				2. USUAL RESIDE	NCE (Whare dacas	sed lived, If In:	stitution: Reside	noe before admission
		shington		MARYLAND	a. STATE Man	ryland	b. COUNTY	Wash	ington
ŀ	o. CITY OR TOWN (iii write RURAL end	outside corporate tim give nearest town)	its,	c. LENGTH OF STAY IN 18	c. CITY OR TOWN	(If outside corporal	e limits, write f	RURAL and give	nearast town)
	Ha	gerstown	200	Lite	03 Hag	rerstown			
(	. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hospi	tal, give street eddress)	d. STREET ADDRES	S			e. IS RESIDENC
	Washi	ngton Coun	ity Hos	pital	221	9 Fairfa	c Rd.		YES NO
3. ]	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	Joh	ın	Louis	Tiches	DEATH	Peb.	2	3 19 62
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			F UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	WIDOWED		Feb. 23, 196	2	st birthday) 7	Months Deys	Hours Min.
10a.	USUAL OCCUPATI	ON (Giva kind of wor	t   10b. KIN	D OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Co		eign country)	12. CITIZEN	OF WHAT COUNTR
don	None	king life, even if retin	ed)	None	Hacas	estown, Md.		11	SA
13.	FATHER'S NAME			110700	14. MOTHER'S MAIDE	N NAME		· · ·	
	0 -	Oana	7: -6						
15	WAS DECEASED EVE	uis James R IN U.S. ARMED FOI		OCIAL SECURITY NO.   17.	INFORMANT	rryn Frank	Address		
1	18. CAUSE OF D	EATH [Enter only on	e cause per lin		r-Louis J. Tic			114	TERVAL BETWEEN
			Λ					10	
		WAS CAUSED BY	1		will			0	5hr
			At	tectoris, but	الما			0	Shr.
		MMEDIATE CAUSE (a)	At		In the ty				Shr.
	Conditions, if eny	MMEDIATE CAUSE (a) DUE TO which (b)	Ate Ru		In the ty				Shr.
	762 Conditions, if eny	MMEDIATE CAUSE (a) DUE TO which (b)	Ate Ru		In the ty				5hr.
NO	Conditions, if eny geve rise to immedia (a), steting the uncause last.	DUE TO which the cause deriving  DUE TO	At Ru	lectoris, but	The last of the term	NINAL DISEASE CO	ndition giver		5hr
ATION	Conditions, if eny geve rise to immedia (a), steting the uncause last.	DUE TO which the cause deriving  DUE TO	At Ru	lectoris, but	The lated to the term	MINAL DISEASE CO.	NDITION GIVER		Shr.
TIFICATION	Conditions, if eny geve rise to immedia, steting the uncause last.  PART II. OTHER  20e. ACCIDENT WA	DUE TO which the cause dedying  SIGNIFICANT COND	Atu	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM				19. WAS AUTOPS: PERFORMED?
CETIFICATION	Conditions, if eny geve rise to immedia (a), steting the uncause last.  PART II. OTHER  20e. ACCIDENT W/OR CONTRIBUTING	DUE TO which (b) ble cause derlying (c) SIGNIFICANT COND	Property of the property of th	RIBUTING TO DEATH BUT					19. WAS AUTOPS: PERFORMED?
	Conditions, if eny geve rise to immedia (a), steting the uncause last.  PART II. OTHER  20e. ACCIDENT W/OR CONTRIBUTING	DUE TO which ble cause identying  SIGNIFICANT COND  CAUSE OF DEATH MEDICAL EXAMINER;	Property of the property of th	RIBUTING TO DEATH BUT I	ED. (Enter neture of injury i	n Pert I or Pert II of	item 18.)		19. WAS AUTOPS: PERFORMED?
	Conditions, if eny geve rise to immedia, steining the uncause last.  PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUINE Hour e.m.	DUE TO which the cause derlying  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER;  RY Month, Dey, Ye	ITIONS CONT  2Db. DESCI	RIBUTING TO DEATH BUT I	ED. (Enter neture of injury i	n Pert I or Pert II of	item 18.)	N IN PART 1(e)	19. WAS AUTOPS PERFORMED? YES NO
MEDICAL CERTIFICATION	Conditions, if eny geve rise to immedia (a), steting the uncause last.  PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUING OF	DUE TO which be cause derlying DUE TO SIGNIFICANT COND  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER;  RY Month, Dey, Ye  19	2Db. DESC	RIBUTING TO DEATH BUT I	ED. (Enter neture of injury i LACE OF INJURY (Home, fa actory, street, office bldg., e	n Pert I or Pert II of	item 1B.)	N IN PART I(e)	19. WAS AUTOPS) PERFORMED? YES NO (Stete)
	Conditions, if eny geve rise to immedia (a), steting the urcause last.  PART II. OTHER  20e. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUMOR.  21. I certify file	DUE TO which be cause derlying DUE TO SIGNIFICANT COND  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Dey, Ye  19 nat (I) (this hospi	2Db. DESCI	RIBUTING TO DEATH BUT I	ED. (Enter neture of injury in LACE OF INJURY (Home, factory, street, office bldg., e	2Df. (City or tc.)	item 18.) town)	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stete)
	Conditions, if eny geve rise to immedia (a), steting the urcause last.  PART II. OTHER  20e. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUMENT E.m., p.m.  21. I certify fl. saw the deceas	DUE TO which be cause derlying DUE TO SIGNIFICANT COND  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Dey, Ye  19 nat (I) (this hospi	2Db. DESCI	RIBUTING TO DEATH BUT I	ED. (Enter neture of injury i LACE OF INJURY (Home, fa actory, street, office bldg., e	2Df. (City or tc.)	item 18.) town)	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stete)  that (I) (we) late stated above
	Conditions, if eny geve rise to immedia (a), steting the urcause last.  PART II. OTHER  20e. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUMOR.  21. I certify file	DUE TO which be cause derlying DUE TO SIGNIFICANT COND  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Dey, Ye  19 nat (I) (this hospi	2Db. DESCI	RIBUTING TO DEATH BUT I	ED. (Enter neture of injury in LACE OF INJURY (Home, factory, street, office bldg., entertain and death occurred at ATTENDING.	n Pert I or Pert II of or no. 2Df. (City or tc.) 1962, 10	lown)  2 / L3  the causes a	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stete)
	Conditions, if eny geve rise to immedia (a), steting the uncause last.  PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING (FETHER, NOTIFY)  20c. TIME OF INJUMENT (FETHER)  21. I certify the saw the deceas (22e. SIGNATURE)	DUE TO which be cause derlying DUE TO SIGNIFICANT COND  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Dey, Ye  19 nat (I) (this hospi	2Db. DESCI	RIBUTING TO DEATH BUT I	ED. (Enter neture of injury in LACE OF INJURY (Home, factory, street, office bldg., entertain and death occurred at ATTENDING PHYS.	n Pert I or Pert II of  orm, 2Df. (City or  tc.) 1962, to	lown)  2 / L3  the Causes all STAFF PHYS.	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stete)  that (I) (we) labele stated above 22b. DATE
	Conditions, if eny geve rise to immedia (a), steting the urcause last.  PART II. OTHER  20e. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUMENT E.m., p.m.  21. I certify fl. saw the deceas	DUE TO which be cause derlying DUE TO SIGNIFICANT COND  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Dey, Ye  19 nat (I) (this hospi	2Db. DESCI	RIBUTING TO DEATH BUT I	LACE OF INJURY (Home, factory, street, office bldg., e	n Pert I or Pert II of or no. 2Df. (City or tc.) 1962, 10	lown)  2 / L3  the Causes all STAFF PHYS.	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stete)  that (I) (we) labele stated above 22b. DATE
MEDICAL	Conditions, if eny geve rise to immedical, stering the uncause last.  PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING (FETHER, NOTIFY)  20c. TIME OF INJULHOUS e.m. p.m.  21. I certify the saw the deceas  22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	DUE TO which which ble cause derlying  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; AY Month, Dey, Ye  and (I) (this hospined alive on	ITIONS CONT  2Db. DESC  2Dd. IN While et work  ital) attende 2 / 2 3	RIBUTING TO DEATH BUT I	LACE OF INJURY (Home, factory, street, office bldg., e	1962, to	town)  2 / L3  he causes a  STAFF PHYS.	(County)  1962, and on the co	19. WAS AUTOPSI PERFORMED? YES NO (Stete)  that (I) (we) lete stated above 2/2b. DATE 91GM 2/2/6/2
WEDICAL WEDICAL	Conditions, if eny geve rise to immedia (a), steting the uncause last.  PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUMENT (IF EITHER, NOTIFY)  21. I certify the saw the decease (Type)  22c. PHYSICIAN'S NAME (Type)  BURIAL, CREMATIC.	DUE TO which ble cause of the c	2Db. DESCI 2Db. DESCI 2Db. DESCI 2Dd. IN While et work ital) attende 2 / 2 3	RIBUTING TO DEATH BUT I	LACE OF INJURY (Home, fa actory, street, office bldg., e  ATTENDING PHYS.  22d. ADDRESS  Y OR CREMATORY	n Pert I or Pert II of  rm, 2Df. (City or  19 62, 10  MED. DIRECTOR Hagerstor  23d. LOCATI	town)  lown)  lown)  lown)  causes a staff PHYS.  lown, Md.  lown, Md.  lown, Md.	(County)  1962, and on the co	19. WAS AUTOPS: PERFORMED? YES NO (Stete)  that (I) (we) late stated above 22b. DATE 91GM 2 / 2 / 6 2
WEDICAL 23a	Conditions, if eny geve rise to immedia (a), steting the uncause last.  PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUMENT OF INJUMEN	DUE TO which be cause of the ca	2Db. DESCI 2Db. DESCI 2Db. DESCI 2Dd. IN While et work ital) attende 2 / 2 3	RIBUTING TO DEATH BUT I	LACE OF INJURY (Home, fa actory, street, office bldg., e  1. 2/13  at death occured at 2  ATTENDING PHYS. 22d. ADDRESS  Y OR CREMATORY  OLD CEMETERY	n Pert I or Pert II of  rm, 2Df. (City or  1962, 10  MED. DIRECTOR DI	town)  lown)  lown)  lown)  causes a staff phys. why Md. why Md. why was a staff phys. why make the staff phys. which was a st	(County)  (County)  In or county)	19. WAS AUTOPS: PERFORMED? YES NO (Stete)  that (I) (we) late stated above 22b. DATE 91GM 2 Y ( 6 2
WEDICAL WEDICAL	Conditions, if eny geve rise to immedia (a), steting the uncause last.  PART II. OTHER  20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUMENT (IF EITHER, NOTIFY)  21. I certify the saw the decease (Type)  BURIAL, CREMATITE (Type)  BURIAL, CREMATITE (Specify)  BURIAL (Specify)  BURIAL DIRECTOR	DUE TO which be cause of the ca	ITIONS CONT  2Db. DESC  2Dd. IN While et work  ital) attende 2 / 2 3	RIBUTING TO DEATH BUT I	LACE OF INJURY (Home, fa actory, street, office bldg., e  ATTENDING PHYS.  2 d. ADDRESS  Y OR CREMATORY  OLD CEMETERY 25a. R	n Pert I or Pert II of  rm, 2Df. (City or  19 62, 10  MED. DIRECTOR Hagerstor  23d. LOCATI	town)  lown)  Lown)  Lown)  And Causes and STAFF PHYS.  ON (City, town  aton  R 25b. REGI	(County)  (County)  In or county)	19. WAS AUTOPS: PERFORMED? YES NO (Stete)  that (I) (we) late stated above 2/2b. DATE 9IGM 2/2 / (State) D.C.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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PLACE OF DEATH  o. COUNTY	1) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissio
Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 10 yrs.	103 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
753 Guilford Ave.	753 Guilford Ave. YES NO
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) BLAINE ALFRED TRIM	MER DEATH February 28 1962
7. MARKED A INCHES	8. DATE OF BIRTH  January 24, 1893  9. AGE (In years of UNDER 1 YEAR of UNDER 24 HRS last birthday)  69 yrs.  Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	
Clerical Work Fairchild	New Oxford, Cumberland Co.Pa . USA.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willis Trimmer	Bernice Myers
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
Yes, no, or unkown) (Ifyesgivewarordates of service) 173-03-3005 M	rs. Fannie M. Trimmer, 753 Guilford Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (	ardio vas cular dis 2002. Tyras
(a), stating the underlying DUE TO cause last. (c)	
cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPS' PERFORMED? YES \( \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO	PERFORMED? YES NO  NO  NO  NO  ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)
cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While at work at work.	PERFORMED? YES NO  NO  One (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)  11-15, 1941 to 2-281963, that (I) (we) later than 1941 to 2-281963, that (II) (we) later than 1941
Cause last.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO  NO  NO  NO  ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)
Cause last.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO  D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)  11-10, 19 41 to 2-28 19 62, that (I) (we) lated death occurred and 30 M, from the causes and on the date stated above the course of the course of the course of the causes and on the date stated above the course of the course of the causes and on the date stated above the course of the course of the causes and on the date stated above the course of the course o
cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While at work at work.  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 12-22 1961, and that  22c. PHYSICIAN'S NAME (Type)  John H. Hornbaker, M.D.	PERFORMED? YES NO  D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)  11 - 10 , 19 41 to 2-26 19 62 that (I) (we) lated the occurred and 30 M, from the causes and on the date stated above the desired and office bldgs.  ATTENDING DIRECTOR DIRECTOR PHYS.  22b. DATE 22b. Query 22d. ADDRESS  154 We Washington Step  Hagerstown, Mde
Cause last.   (c)	PERFORMED? YES NO  D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)  11 - 10 19 41 to 2-26 19 62 that (I) (we) lead to death occurred at 30 M, from the causes and on the date stated above the course of the course
Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While at work at work at work at work at work at work.  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 12-22. 1961., and that 22c. PHYSICIAN'S NAME (Type)  John H. Hornbaker, M.D.  30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	PERFORMED? YES NO  D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)  11 - 10 , 19 41 to 2-26 19 62 that (I) (we) lated the occurred and 30 M, from the causes and on the date stated above the desired and office bldgs.  ATTENDING DIRECTOR DIRECTOR PHYS.  22b. DATE 22b. Query 22d. ADDRESS  154 We Washington Step  Hagerstown, Mde

the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 max 9 retained by the hospital or attending physician.

Yes a death. Page 4 max 9 retained by the hospital or attending physician.

Yes TO FUNERAL DIM: TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any great, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 m be retained by the hospital or attending physician.

Yes TO FUNERAL DAR CLOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

M	ARYLAND STATE	DEPARTMENT	OF HEALTH	
DIVISION OF STATISTICAL R	ESEARCH AND RECOR	DS, 301 W. PRES	STON STREET, E	BALTIMORE 1, MARYLAND
DIVISION OF STATISTICAL R	CERTIFICA	TE OF DEA	TH	02463

7	02473 CERTIFICA	IE OF DEATH
4	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before edmission)
1	Washington Maryland	*. STATE Maryland b. COUNTY Washington
I	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporate limits, write RURAL and give neerest town)
I	Rural Antietam Furnace Lifethme	Rural Antietam Furnace X
Į	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
l	Sharpsburg Md RFD #1	Sharpsburg Md RFD #1 YES NO X
I		lucker 4. DATE Month Day Yeer OF DEATH Feb. 11 19 62
I	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
l	Female White WIDOWED X DIVORCED A	lug. 18 1879   84 yrs.   5   23
l	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y II. BIRTHPLACE (Couly & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
١	Housewife Home	Antietam Md. U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J	Jacob Boyer	Annie (Unknown)
1	(Yes, no. or unkown) i (If yes give wer or detes of service)	INFORMANT Address
ı	No None Mr	s. Alta Mae Reynolds Fairplay Md.
١	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Acute right S	ided heart failure instant
ı	DUE TO	
ı	Conditions, if eny, which (b) Arterioscleroti	c cardio-vascular disease ?
ı	gave rise to immediate cause (a), stating the underlying	
l	cause last. (c)	
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
I	ř.	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO CONTRIBUTING TO BEATH BUT NO COURSE OF CONTRIBUTING TO DEATH BUT NO COURSE OF COURSE	. (Enter neture of injury in Pert I or Part II of item 18.)
ı	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
ı	Prour s.m.	lory, street, office bldg., etc.)
ı		Dec. 1 161, to 2/11
ı		death occured at6
	22e. SIGNATURE Office of the state of the st	22b, DATE
	Waller H. Shear "	ATTENDING MED. STAFF 2/12/62 SIGNED PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S Walter H. Shealy M. D.	Sharpsburg, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	Burial Feb. 13-62 Mt. View Ce	metery Sharpsburg Md.
ĺ	24 FUNERAL DIRECTOR'S SIGNATURE 1 7 2 - 1 ADDRESS	MA 0 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	(Mer X Xeaf Williams good	DATE FER 1 4 '62 arthur S. Traus
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Burtall Feb. 13-62 Md. Cemetery Commission Ad.

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02464

112474	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Washington MARYLANI	a. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN	1102 1 2 0 1 2
write RURAL and give neerest town)	
Hagerstown, 21 dys.	Rt. # 1 Oldtown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	ON A FARM?
Western Md. State Hosp.	Sunny Flats YES NO X
3. NAME OF First Middle DECEASED T. 3.	Last 4. DATE Month Dey Yeer
(Type or print) Ida Mae	Twigg OF DEATH Feb. 1 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Oct. 15, 1879   last birthday)   Months Days Hours Min.
Female   White   WIDOWED X DIVORCED	• 0=
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Housewife Own home	Allegany Co. Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Koontz	( Unknown ) Skelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	
(Yes, no, or unkown)   (If yes give we ror detes of service)	
	rs. Myrtle Redinger Rt. # 1 Oldtown, M
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Lobular pneumon	nia, bilateral 2 days
DI O 3 . O DUE TO	
Conditions, if eny, which \ (b) Fracture of hi	o, right 7 weeks
geve rise to immediate cause	7 WEEKS
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
(1) Agranulocytosis. (2) General ari	teriosclerosis. (3) Nephrosclerosis YES P NO 1
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part I or Part II of item TB.) (4) Parkinsonism.
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	+ 1111
July College	PLACE OF INJURY (Hyme, farm, 170f. (City or form) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 206. Hour a.m. While Not While et work et work	factory, street, office bldg., etc.)
E p.m. /2-3 19 6/ et work 4	Home defoun celliphing 14 of
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry and in my opinion
death resulted from: Natural causes . Accident . S	buicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SOLIT	
SIGNATURE A VILLE JE	M.D.
EXAMINER'S TO THE	DEPUTY MEDICAL EXAMINER
NAME (Type) ABEN. HILLS	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER) REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 2/5/62 Oldtown Cer	metery Oldtown, Maryland
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
H. Wayne George Cumberland, M	d. 1995 160
	DATE 188 5 62 Oviling L. Krones

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02475 CERTIFICATE OF DEATH 02465

1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where dece			ca before e	lmission)
	SHINGTON	MARYLAND	o. STATE MARYT,	AND	b. COUNT	WASHIN	GTON	
	outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		te limits, write	RURAL end give	nearest town	1}
RURAL HAGER		5 MOS	HAGERSTO					
d. NAME OF HOSPITA	AL OR INSTITUTION (if not	in hospitet, give street eddress)	d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
GATEWAY COL		OME	2523 PENNS		AVENUE	D		NO DE
DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Teer	
(Type or print)	CHARLES	5 HENRY	UNGER	DEATH	FEBRUA	RY 16	19	62
5. SEX	6. COLOR OR RACE 7. M	AARRIED NEVER MARRIED 8	. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER	
MALE	********	DOWED DIVORCED .	JANUARY 6 18	0.0	79 yrs.	Months Deys	Hours	Min.
10e. USUAL OCCUPATION done during most of work	ON (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & Stele, or for	aign country)	12. CITIZEN C		DUNTRY?
CARPEN'	TER	SELF EMPLOYED	FRANKLIN	COUNTY	PENNA	U.S	A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	AM UNGER		MAY P	OPER				
	R IN U.S. ARMED FORCES? yes give wer or detes of service		INFORMANT		Address			
NO	7039170 40101 0010301301 1101	1 000 01 do-1.	RS. HARLAN S	COTT HACE	ERSTOWN	MARYT.AN	D	
18. CAUSE OF DI	EATH [Enter only one caus	e per line for (e), (b), end (c).)		0 0	DIGO T CHAIL	IN'	TERVAL BET	
	WAS CAUSED BY:	orebral	(cho)	bles	14	Or	SET AND	
-34	DUE TO	0-41	2 1 1 1		1			
Conditions, if eny,		Belevin	I Hacke	nos	Ls V		5-4	20
geve rise to immedia	te ceuse	Collection						
(e), steting the un								
cause lest.	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	9. WAS A	UTOPSY
ē	SIGNIFICATOR COMPINION		1	WALL DISTRICT	TOTAL CITY		PERFO	RMED?
3	romai	ic resect	con				YES [ I	NO X
	S UNDERLYING [] 208 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injury in	Pert I or Pert II of	fitem 18.)			
3 20c. TIME OF INJUR	RY Month, Dey, Yeer		CE OF INJURY (Home, fee		r town)	(County)	(	Stete)
Hour e.m.	19	While Not While fac	tory, street, office bldg., et	(c.)				
	17		debt 111	1961, 10.7	L. D-1	6., 19.62	Heat (1) (	wa) last
	1 1 1	attended the deceased from:	/ / / /					
	ad alive on	1, 6, 1962, and that	deam occured aya	U.M. Trom I	ne causes a	and on the d		DATE
220. SIGNATURE	- 1000 a		ATTENDING PHYS.	MED.	STAFF PHYS.		2/70	SIGNED
22c. PHYSICIAN'S	a su	wer "	22d. ADDRESS	DIRECTOR [	rnis.		100/	6 4
NAME (Type)	מסמ ס מדוואת	ת א משונה		OTT	COD CAS	THO MADS	T ANTE	
		WER M. D.	MAIN ST			ING MARY		-1-1
23e. BURIAL, CREMATIC REMOVAL (Specify)	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		ION (City, tow	area and a second	(3)	ate)
BURIAL	2-19-62	REST HAVEN C	EMETERY			MARYLAND		
24 FUNERAL DIRECTOR		ADDRESS	25e. R	EC'D BY REGISTRA				
SUTER-POUR	TER FUNDRAL H	IOME HAGERSTOWN MA	RYTAND DATES	EB 2 6 '62	u	when S. That	M	
		VALUE AND A STATE OF THE PARTY						

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		Carlos Salas	
	July The Market of the Parket	Lineal Hayestone,	arcura (24m) See V
		- 12 60	COS DI SHI COS

the funeral OHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mg be retained by the hospital or attending physician. For the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 6 to 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death TO HOSPITAL OR

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02467

The state of the s	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a, STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
RURAL HAGERSTOWN 15 YEARS	X RURAL HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Donne II d	ON A FARM?
ROUTE # 6 HACERSTOWN MARYLAND	ROUTE # 6 HAGERSTOWN MARYLAND YESK NO [
3. NAME OF Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) ELIZABETH BESSIE	WALLTCK PEATH FEBRUARY 15 19 62
	3. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	SEPTEMBER 1 1879 82 yrs. Months Deys Hours Min.
1De. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) HOMEMAKER	WASHINGTON COUNTY MD U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MONROE ZIMMERMAN	
	LEAH BITNER INFORMANT Address
(Yas, no, or unkown) (Ifyesgivewerordatesofservice)	
	RS. RUTH CREEN ROUTE #6 HACERSTOWN MD
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  MELLINA  MELLINA	Zwles
Conditions, if any, which (b) arthurosclerosis	
Conditions, if any, which \ (b) arturosclerosc	2 Clears
gava rise to immediata causa	
(a), steting the underlying DUETO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
THE STATE OF THE S	YES NO
2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2 2Do. ACCIDENT WAS UNDERLYING  OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 1B.)
20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   2De. PLA	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete)
Hour a.m.	tory, street, office bldg., etc.)
	78 11 44 46 2
	1902, to 13 17th , 1967, that (1) (we) last
saw the deceased alive on	t death occured at 3:30 M, from the causes and on the date stated above
22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
Calvilan ,	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) D WILSON M. D.	135 N. POTOMAC ST HAGERSTOWN MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
0 (0	METERY HAGERSTOWN MARYLAND
24 TONILAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SUTER-ROUZER FUNERAL HOME HAGERSTOWN MAN	RYI.AND DATE FEB 1 9 '62 Cuther S. Huma
THE RESERVE AND ADDRESS AND AD	

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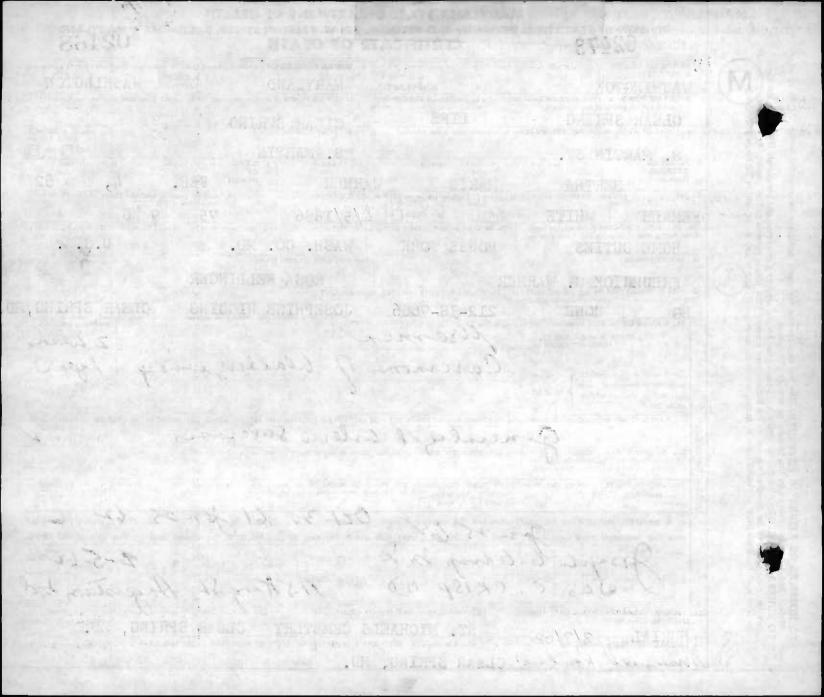
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MARYLAND STATE DEPARTMENT OF HEALTH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 1 x be retained by the hospital or attending physician.

Yes TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

			<u> </u>			
PLACE OF DEATH		2. USUAL RE	SIDENCE (Wh	ere deceased lived, If		nce before edmi
WASHINGTON	MARYLAN	MARY	LAND	b. cour	WASH	INGTON
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN			corporate limits, writ	e RURAL and give	neerest town)
write RURAL end give nearest town)	TTDD					,
CLEAR SPRING	LIFE	- CLE	R SPRI	NG		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET A	DDRESS			e. IS RESIDE
S MARTIN ST.		S. N	ARTIN_			YES NO
NAME OF DECEASED	Middle	Last	4. DF		h Dey	Year
(Type or print)	MARIE .	WARNER	OF	ATH FEB.	1.	19 6
CON CONTRACTOR OF THE CONTRACT	/	1			IF UNDER 1 YEAR	
7170388	NEVER MARRIED	J. DAIL OF BIRTH		last birthday)	Months Days	Hours N
EMALE   WHITE   WIDOW	VED DIVORCED	4/5/188	36	75 yrs.	9 10	
USUAL OCCUPATION (Give kind of work no during most of working life, even if refired)	KIND OF BUSINESS OR INC	SUSTRY II. BIRTHPLAC	E (County & Ste	te, or foreign country)	12. CITIZEN C	OF WHAT COU
	HOUSE WORK	WASH.	CO. M	D.	U	.S.A.
FATHER'S NAME		14. MOTHER'S				100000
		De	THE LO	TAMOTED		
FREDERICK G. WARNER. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO.		SA FEL	LINGER Address		
es, no, or unkown) (Ifyesgive werordetesofservice)	S. SOCIAL SECURIT NO.					ODDTN
	212-38-9600	JOSEI	HINE H	IGGINS	CLEAR	SPRIN
18. CAUSE OF DEATH Enter only one cause per	r line for (e), (b), and (c).]	1				TERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	weem	la				Lies
N A						
C DIF 70		_	111			
Conditions if	Carcino	na 17 (	ladd	er lenn	are	1 was
Conditions, if eny, which (b)	Carcino	no of	ladd	er, ern	ary	/year
Conditions if an artist of	Carcino	no J	ladd	er, een	ary	/year
Conditions, if eny, which gever is to immediate cause	Carcino	ina J	Cladd	er, um	ary	/year
Conditions, if eny, which geve rise to immediate cause (e), stetling the underlying	CUT CITY	C				
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  (b) DUE TO (c)	ONTRIBUTING TO DEATH BL	C			/EN IN PART 1(a)	PERFORME
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO	nolines	IT NOT RELATED TO THE	E TERMINAL DIST	ASE CONDITION GIVE	/EN IN PART 1(a)	
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF REATH	DITRIBUTING TO DEATH BU	IT NOT RELATED TO THE	E TERMINAL DIST	ASE CONDITION GIVE	/EN IN PART 1(a)	PERFORME
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING TOOR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	escribe HOW INDRY OCC	JT NOT RELATED TO TH  Coler  CURED. (Enter neture of i	E TERMINAL DISI  See Conjury in Port I or	ASE CONDITION GIVE	/EN IN PART 1(a)	PERFORME
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year 20d	ESCRIBE HOW INDRY OCC	UT NOT RELATED TO THE CONTROL OF INTERPRETATION	E TERMINAL DISI	ASE CONDITION GIVE	/EN IN PART 1(a)	PERFORME
Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year 20d Hour a.m.	ESCRIBE HOW INDRY OCCURRED 200	JT NOT RELATED TO TH  Coler  CURED. (Enter neture of i	E TERMINAL DISI	ASE CONDITION GIVE	ZEN IN PART 1(a)	YES NO
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2Do. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19	ESCRIBE HOW INDRY OCCURRED 1. INJURY OCCURRED 20e ile Not While ork   et work	UT NOT RELATED TO THE COLOR OF THE COLOR OF INJURY (He fectory, street, office by	E TERMINAL DISI	ASE CONDITION GIVE	(County)	YES NO
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d  21.   certify that (I) (this hospital) atterview.	ESCRIBE HOW INDRY OCCURRED  II. INJURY OCCURRED  III. Not While ork of work of work of work or	UT NOT RELATED TO THE COLOR OF INJURY (He fectory, street, office b	E TERMINAL DISI	Pert II of item 18.)  (City or town)	(County)	PERFORME YES NO (Stef
Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING [] 20b. DI. OR CONTRIBUTING [] CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. 19 which will be the condition of the condition	ESCRIBE HOW INDRY OCCURRED 20e ile Not While ork et work indeed the deceased from the content of the deceased from the d	UT NOT RELATED TO THE COLOR OF INJURY (He fectory, street, office b	E TERMINAL DISI	Pert II of item 18.)  (City or town)	(County)	PERFORME YES NO (Stef
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d  21.   certify that (I) (this hospital) atterview.	ESCRIBE HOW INDRY OCCURRED  II. INJURY OCCURRED  III. Not While ork of work of work of work or	UT NOT RELATED TO THE COLOR OF INJURY (He fectory, street, office b	E TERMINAL DISI	Pert II of item 18.)  (City or town)  to the causes  STAFF	(County)	PERFORME YES NO (Stef
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING [] 20b, DI. OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 at w.  21. I certify that (I) (this hospital) attes saw the deceased alive on	ESCRIBE HOW INDRY OCCURRED  II. INJURY OCCURRED  III. Not While ork of work of work of work or	UT NOT RELATED TO THE CALCELOF INJURY (He factory, street, office both and death occured)	e TERMINAL DISI	Pert II of item 18.)  (City or town)  to the causes  STAFF	(County)	PERFORME YES NO (Stef
Conditions, if eny, which gever rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m., p.m. 19 at w.  21. I certify that (I) (this hospital) attes saw the deceased alive on	ESCRIBE HOW INDRY OCCURRED  II. INJURY OCCURRED  III. Not While ork of work of work of work or	DIT NOT RELATED TO THE CONTROL (Enter neture of interpretation of interpretation). PLACE OF INJURY (He factory, street, office become that death occure much at the death occurs much at the death o	e TERMINAL DISI	Pert II of item 18.)  (City or town)  to the causes  STAFF	(County)  And on the delays of	PERFORME YES NO (Stef
Conditions, if eny, which gever rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m., p.m. 19 at w.  21. I certify that (I) (this hospital) attes saw the deceased alive on	ESCRIBE HOW INDRY OCCURRED 20e ile Not While ork 1900 and	DIT NOT RELATED TO THE COLOR OF THE COLOR OF INJURY (He fectory, street, office by that death occured M.D. ATTENDING PHYS. 22d. ADDR. 22d. ADDR	e TERMINAL DISI	Pert II of item 18.)  (City or town)  to STAFF PHYS.   STAFF PHYS.   OCATION (City, to	(County)  And on the design of County)	PERFORME YES NO  (Stet
Conditions, if eny, which gever rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 at w.  21. I certify that (I) (this hospital) attes saw the deceased alive on	ESCRIBE HOW INDRY OCCURRED 20e ile Not While ork 19 mided the deceased from 19 mided the Mark 19 mided	TERY OR CREMATORY	e TERMINAL DISI	Pert II of item 18.)  (City or town)  to STAFF PHYS.   OCATION (City, to	(County)  (County)  and on the d  Agenty  Win occupty)  RING, M.	PERFORME YES NO  (Stet
Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m., 19 20 Whist w. 21. I certify that (I) (this hospital) attes saw the deceased alive on	ESCRIBE HOW INDRY OCCURRED 20e ile Not While ork 1900 and	TERY OR CREMATORY	e TERMINAL DISI	Pert II of item 18.)  (City or town)  to STAFF PHYS.   STAFF PHYS.   OCATION (City, to	(County)  (County)  and on the d  Agenty  Win occupty)  RING, M.	PERFORME YES NO  (Stet



MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  12469  CERTIFICATE OF DEATH
PLACE OF DEATH a. COUNTY  WASHINGTON  MARYLAND b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)
HACERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  WASH. CO. HOSPITAL  NAME OF  N
(Type or print)  ANDEA  YM  19 62  SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years lit UNDER 1 YEAR IF UNDER 24 HRS. last birthday)  Months Deys Hours Min.
DIVORCED DIVORCED DIVORCED TEBRUARY, 21-1962 O yrs.  De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & Stele, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  HACEIZSTOWN WASH FO MID. U.S.A.  14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  242 S. MULBERRY ST.  18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying causa last.  ONSET AND DEATH 3 days  ONSET AND DEATH 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Slete)  Hour e.m. While Not While at work et work et work et work.
21. I certify that (I) (this hospital) attended the deceased from 2-21-12
22c. PHYSICIAN'S NAME (Type)  38. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
PENOVAL (Specify)  PURIAL  FINERAL DIRECTOR'S SIGNATURE.  ADDRESS
3 54

E 330 AND THE ARMS (AND WIND THE SAIR OF THE STATE OF T MANAGERSTANCE PUBLISHED LYNN WILES Castoning 21-1942 O The State of the State o FATHER WHITE HAGERSTOWN SHIEN COMO WITH No. W. Majorie Mineurin Shans WILLIAM WILES WILLIAM WILES THECE POTON MILES CONTIAL THE DE MED DEAVER CREEK CEMETERS B OM onescured & the of well

Page

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE DOLOGMEDICAL EXAMINER'S CERTIFICATE OF DEATH

•		DI ROE OF DENMY 420U	
•		PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaesed lived, If institution, Residence before admission)
	·		e. STATE b. COUNTY
	_	WASHINGTON MARYLAND	MARYLAND WASHINGTON
		c. CITY OR TOWN (if outside corporate limits, write RURAL and give naarest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	١,		103 hacerstown
		HAGERSTOWN 11 YEARS	
1	٥	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM?
	7 27	16 SALEM AVENUE	1316 SALEM AVENUE YES NO K
		NAME OF First Middle	Lest   4. DATE Month Dev Year
	1	DECEASED	OF
		(Typa or print) VERA JEAN	WISHARD DEATH FEBRUARY 18 19 62
1	5. :	SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH .   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
h			last birthday)   Months   Days   Hours   Min.
			JANUARY 19 1928 34 yrs.
		USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dou	na during most of working life, avan if retired)	
		WAITRESS RESTAURANT	BIG SPRINGS MARYLAND U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		THE DEED AT A TEMPER	T TO A CITATIO
	15	HERBERT MCALLISTER WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	LIDA SHANK
		i, no, or unkown) [ (Ifyasgive wer or detas of sarvica)	INFORMANT Address
		NO 215-26-8452 F)	RED H WISHARD HAGERSTOWN MARYLAND
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	QNSET AMO DEATH
		IMMEDIATE CAUSE (0) Tun shot Woun	Jennifing intere News lasters
		DUE TO	
		Conditions, if eny, which (b)	
		(a), stating the underlying DUE TO	
		cause lest.	
A	z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	ᅙ	11	PERFORMED?
	131	Home on leave from 1.11, x	YES NO
	CERTIFICATION	208. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (E	Enter nature of injury In Pert I or Part ) of itam 18.)
		PRIMARY TO CONTRIBUTING CAUSE OF DEATH.	1 - 1 2 8 1
		Jun my 2	wound of need
	MEDICAL	1	CE OF INJURY (Home, farm, 20f, 1811/r or town) (County) (Steta)
			ory street, office blog., etc.)
	2		LAOME 11 - English commission with
		21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection Inquiry , and in my opinion
		death resulted from: Natural causes , Accident , Suici	ide Homicide , Undetermined manner
		1501	CHIEF MEDICAL EXAMINER   2 -/2-62
		SIGNATURE N. LEV SULA T	M.D. ASSISTANT MEDICAL EXAMINER
6			DEPUTY MEDICAL EXAMINER 215 W WASHINGTON ST
		EXAMINER'S	
-		NAME (Type) E.W.DITTO JR. M. D.	Address (Street, city, town, or county) HAGERSTOWN MARYLAND
	22e.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stata)
		O OR CO CENTAR TATAL MENG	ODIAL CADDEN HACEDSTOLDI MADVI AND
	22	BURTAL 2-21-62 CEDAR LAWN MEMO	ORTAL GARDEN HAGERSTOWN MARYLAND  1 249. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE
	23,	TOTAL DIRECTOR ADDRESS	
	SI	UTER-ROUZER FUNERAL HOME HAGERSTOWN MAR	YT. AND DATE FEB 2 6 '62 Cirium S. Thomas
		The trade of the t	A. LIAMIA

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the filtrate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 moute-filed death. VS. A15ME 5M 7/59

The state of the s TANK ALL COLUMN STATE OF THE ST CLOSCO-SON CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR the same of the sa with the same payor was THE COURSE SEE THE RESERVE OF SECTION OF SEC The state of the court of the state of the s

should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DI (TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 10 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH

	00104					
1. PLACE OF DEA	TH UAGOI			NCE (Where deceased		dence before edmission
* *	ashington	MARYLAND	a. STATE	vland	b. COUNTY	ington
b. CITY OR TOWN	(if outside corporete limits, and give nearest town)		- hulli, ola,	(If outside corporate lin		
Williams		50 yrs.	X William	anont		
		not in hospitel, give street eddress)	d. STREET ADDRES	Spore		e. IS RESIDENCE
125 N. C	onococheagu		125 N.	Conocoches	ague St.	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month D	Dey Year
(Type or print)	Davidl	Walt	Young	OF DEATH		22 19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years   IF UNDER 1 YE.	
Male	White	WIDOWED K DIVORCED	Nov. 7 18	70   91	yrs. 3 14	
done during most of	ATION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Co	unty & State, or foreign	country) 12. CITIZE	N OF WHAT COUNTRY
Labor	working file, even il relifed)	Lumber Co.	Downsvi	TIE Ma		U.S.A
13. FATHER'S NAME		120001001	1 14. MOTHER'S MAIDE			U.D.A.
	T 1: V				-	
	Jeremiah Yo			Elizabeth		
	EVER IN U.S. ARMED FORCE (If yes give wer or deles of serv		INFORMANT	221	O'Gay Sto	7
No	(1170-9110 1101 01 00103 01301 )		Ir / Lastar			Manuel
	DEATH  Enter only one ca	ausopr line for (a), (b), end (c).]	4 1,000	Hours Ina	gerstown	ERVAL BETWEEN
	ATH WAS CAUSED BY:	16	dell V	1. +	21.	ONSET AND DEATH
111	IMMEDIATE CAUSE (e)	HI WILLDES	LIDY PM	10ACI)	UW B	1 11 Mud
7	DUE TO	1101 1000 2 00	. 60 0 0	1200.		polyoco.
Conditions, if e	.9.1			1		
gave rise to imme	ediate cause			1)		no-
(e), stating the	undarlying DUE TO			9		
cause last.	(0)					
PART II. OTH	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDIT	TON GIVEN IN PART 1(1	
PART II. OTH						PERFORMED?
5						YES NO
OR CONTRIBUTION	WAS UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury i	in Pert I or Part II of item	18.)	
20c. TIME OF IN	JURY Month, Dey, Yeer	20d. INJURY OCCURRED   20e. PI	LACE OF INJURY (Home, fa	erm, 20f. (City or low	n) (County	) (Steta)
20c. TIME OF IN		WhileNot While fa	ctory, street, office bldg., e		1 1	
p.m	19	at work et work		1 3		
21. I certify	that (I) (this hospital	) attended the deceased from	2/2/1/2	192 10 /1	4162	that (I) (we) las
/	pased alive on 2	- 11 -	at death occured it	M, from the	causes and on the	
22a. SIGNOVIUR	0. 1/2	1	ATTENDING	MED. STA	ec /	22b. DATE
1 A Cal	11 6+11	D41111	M.D. PHYS.	MED. STA		4 SIGNE
22c. PHYSICIAN	·s/	oung	22d. ADDRESS			11-400
NAME (Typ		1			l	/
3a. BURIAL, CREM	THON, 236. DATE THEREO	OF 1236 NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county)	(State)
Buria I		-62 Riverview		774777		aryland
24 NUNERAY DIRECT	SER SIGNATURE	MI ADDRESS M		EC'D BY REGISTRAR		NATURE
( Needs	der W	Illamson In	a	CD 0 7 100		
0000			DATE	EB 2 7 '62	Cathy & H	total -

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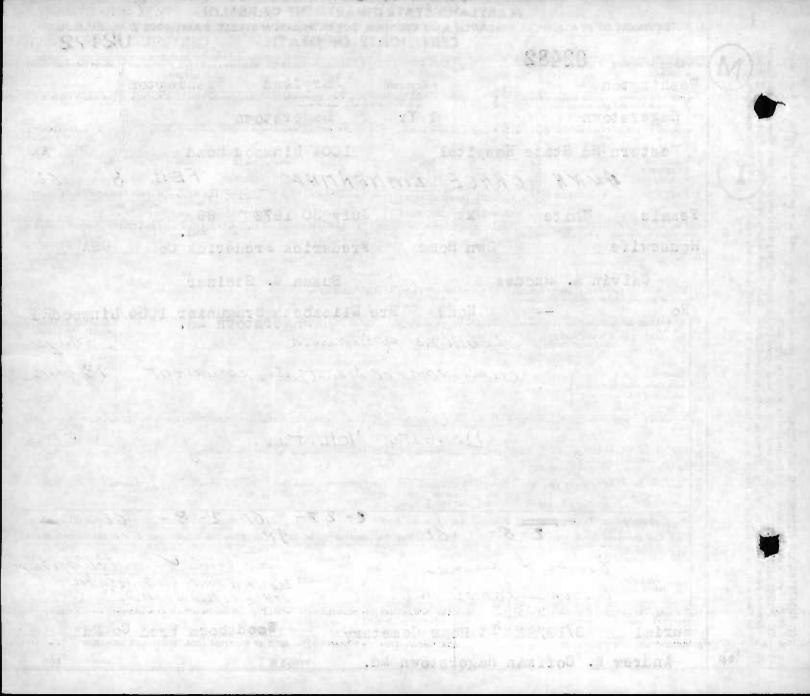
. The second sec droname filt 125 H. Obestocksumberg. and a - 23 25 A. Concecopasma warner David Wal. Youngel - Leader Wol. 4 23 1162 197 5 10 0081 8 .00 Lobor Lumbar ver Pownsylle id. Toleration Pounce and American State of Control of Cont A three Descriptions of the second common white the second William Deby 25 -62 Nvervion Cometory. Williamscort Land

VR A15 (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02472

1. PLACE OF DEATH UNITO	2. USUAL RESIDENCE (Where decaasad lived, If Institution: Residence before admission)		
Washington MARYLAND	"Maryland Washington		
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1			
write RURAL and give nearest town) Hagerstown 1 Yr	O 2 Hamanatam		
Hagerstown 1 Yr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Hagerstown  d. STREET ADDRESS  e. IS RESIDENCE		
	ON A FARM?		
Western Md State Hospital	1004 Linwood Road YES NEK		
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year		
(Type or print) ANNA CRACE 2117	MEAMAN DEATH FEB. 8 1962		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.		
Female White WIDOWED XX DIVORCED	July 30 1873 88 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & State, or foreign (country) 12. CITIZEN OF WHAT COUNTRY?		
come defing most of working tha, avan it relited)			
Housewife Own Home	Frederick Frederick Co USA		
Calvin A. Rhodes	Susan C. Steiner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas, no, or unknown)   (Ifyesgivawarordatesofservice)	7. INFORMANT Address		
No None M	rs Elizabeth Bragunier 1004 LinwoodRd		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rs Elizabeth Bragunier 1004 LinwoodRd Interval Between ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULAR P			
DUE TO			
	of breast, nt., recurrent 18 years		
gave rise to immediata cause (	of breast, her precenticient		
(a), stating the undarlying DUE TO			
causa last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
3 Diabetes	s Mellitus - YES PNO [		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT  Diabete  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  IT EITHER, NOTIFY MEDICAL EXAMINER	RED. (Enter natura of injury in Part I or Part II of itam 18.)		
20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20a.	PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)		
ZOc. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a.  Hour a.m. Whila Not Whila at work at work at work	factory, straat, offica bldg., atc.)		
	m 2-27-, 1961, to 2-8-, 1962 that (1) ( last		
Leave the deceased alive on 7 ~ 8 - 10/2 and it	hat death occured at 9.P.M., from the causes and on the date stated above.		
22a. SIGNATURE	nar dearn occurred ar.g., m, from the causes and on the date stated above.		
1 - 00	M.D. ATTENDING MED. STAFF PHYS. TEb. 9, 1962		
22c. PHYSICIAN'S NAME (Type) UICTOR L. Ramos, M.D.	22d. ADDRESS Western md. State Hospital Hagers rown, md.		
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETE			
Burial 2/12/62 Mt Hope Ceme	etery Woodsboro Fred Co Md		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
Andrew K. Coffman Hagerstown	Md. DATEFER 13'62 Cultury S. Mund		



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) Hagerstown weeks Hagerstown Rura1 Pages filled aff 40 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 445 Edgewood Martin Manor Rest Home YES NO letely papers. executed 3. NAME OF 4. DATE Middle Month Dev Year DECEASED OF (Type or print) Edward DEATH 11 1962 Zimmerman February Bomberger 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months Car Male White WIDOWED T DIVORCED [ Sept. 21, 1869 certificate 1De. USUAL OCCUPATION (Give kind of work physician remove 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) St. Roads Com. Near Williamsport, Md Maintenance Man 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death affending Catherine Bomberger and Edward R. Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yas, no, or unkown) | (If yes give war or dates of service) ian. 213-24-9229 Mrs. Emma T. Zimmerman Hagerstown, Md. 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN è 3 ME CENT terincleratio beaut descare PART I. DEATH WAS CAUSED BY: physici signed IMMEDIATE CAUSE (e) burial-transit DUE TO attending Conditions, if eny, which peen geve rise to immediate cause DUE TO (a), steting the underlying has 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 PERFORMED? hospital certifical 35 NO X use 0 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter Jure of injury in Part I or Pert II of item 18.) d stached for for the (IF EITHER, NOTIFY MEDICAL EXAMINER) à 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, (Stete) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) fectory, streat, office bldg., etc.) Whila Not While Hour a.m. et work at work p.m. TOR: kssu 5 1958, to feb 11 , 1962, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... 19.62, and that leath occured at 2.7M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATOR ATTENDING SIGNED MAED STAFF death, Page 4
TO FUNERAL L
director, page DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Paul Harrison, M. D. 318 N. Potomac St., Hagerstown, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2-13-62 Rose Hill Cemetery Hagerstown, Md. Buria1 ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) FEB 1 5 '62 arthur & Thomas 15M 9/60 Scott F. Minnich & Son Hagerstown, Md. DATE

Harrison

MARYLAND STATE DEPARTMENT OF HEALTH

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Three motors all the start

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That a warmed tree the warmer Early 1921 12 1959 192

All tending line - 18t. Sonos Com. What Williamsport, Mo.

Translation of the contraction of the destroy

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Leave Known Land

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Part - Company of the constant of the constant of the

Land to the state of the state